

**QUALITY MANAGEMENT COMMITTEE
BOARD OF GOVERNORS
Wednesday, January 26, 1994
Bridges Conference Room
11:00 A.M.**

AGENDA

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I.	<u>Approval of the December 15, 1993 Minutes</u>	Approval 30
II.	<u>JCAHO Update</u> -Jean Harris, M.D.	Information
III.	<u>Medical Staff-Hospital Council Report:</u> o Credentials Committee Recommendations -Robert Maxwell, M.D.	Endorsement/ Consent 32
IV.	<u>PRO/Foundation for Healthcare Evaluation</u> Fourth Scope of Work (distributed at the meeting) -Sally Huntington	Information
V.	<u>Other Business</u>	
VI.	<u>Adjournment</u>	

CANCELLATION NOTICE

The February, 1994 Quality Management Committee meeting was cancelled because of lack of agenda items.

**Gail Strandemo
Board of Governors Office**

CANCELLATION NOTICE

The March, 1994 Quality Management Committee meeting was cancelled because of lack of agenda items.

**Gail Strandemo
Board of Governors Office**

**QUALITY MANAGEMENT COMMITTEE
BOARD OF GOVERNORS
Wednesday, April 27, 1994
Bridges Conference Room
10:00 A.M.**

AGENDA

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| I. | <u>Approval of the January 26, 1994 Minutes</u> | Approval | |
| II. | <u>Appointment of Medical-Staff Hospital Council Committee Chair</u>

-Robert Maxwell, M.D. | Endorsement/
Consent | 38 |
| III. | <u>Medical Staff-Hospital Council Report:</u>

o Credentials Committee Recommendations

-Robert Maxwell, M.D. | Endorsement/
Consent | 43 |
| IV. | <u>Patient Satisfaction Survey Report</u>

-Jean Harris, M.D. | Information | |
| V. | <u>Service Improvement Status Report</u>

-Jean Harris, M.D. | Information | |
| VI. | <u>Other Business</u> | | |
| VII. | <u>Adjournment</u> | | |

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

BOARD OF GOVERNORS

QUALITY MANAGEMENT COMMITTEE

APRIL 28, 1993

**QUALITY MANAGEMENT COMMITTEE
BOARD OF GOVERNORS
Wednesday, April 28, 1993
10:00 A.M.
Bridges Conference Room**

AGENDA

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I.	<u>Approval of the December 15, 1992 Minutes</u>	Endorsement 1
II.	<u>Performance Evaluation - Clinical Chiefs</u> -Keith Dunder	Discussion
III.	<u>1993 Work Plan</u> -Jean Harris, M.D.	Endorsement 3
IV.	<u>UMHC Quality Management Program</u> -Sally Huntington	Information 4
V.	<u>Medical Staff-Hospital Council Report:</u>	
	o Credentials Committee Recommendations	Endorsement 14
	-Robert Maxwell, M.D.	
VI.	<u>Other Business</u>	
VII.	<u>Future Agenda Items</u>	
	o Long Range Strategic Plan	
	o Education Plan	
	o Status Report - Service Improvement Initiatives	
VIII.	<u>Adjournment</u>	

**UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS
JOINT CONFERENCE COMMITTEE**

**DECEMBER 15, 1992
MINUTES**

Attendance

Present: Amos Deinard, M.D.
Phyllis Ellis
Margaret Matalamaki
Robert Maxwell, M.D.
Kristine Zualkernan

Absent: Deborah Day, M.D.
Maria Gomez
Greg Hart
Richard Price, M.D.

Staff: Jean Harris, M.D.
Shannon Lorbiecki

Call to Order

Meeting was called to order at 5:00 p.m.

Approval of October 27, 1992 Minutes

The Joint Conference Committee approved the minutes of the October 27, 1992 meeting as submitted.

**Medical Staff Hospital Council Report:
Credentials Committee Recommendations**

Dr. Robert Maxwell presented the recommendations of the Credentials Committee. The recommendations include provisional appointments, addition of clinical privileges, appointments, and a leave of absence from the medical staff.

A motion was seconded and passed to endorse the Credentials Committee recommendations and forward them to the Board of Governors.

Appointment of Co-Chair Biomedical Ethics Committee

Dr. Maxwell presented the Medical Staff-Hospital Council recommendation that Ms. Nancy Green be appointed as the co-chair, with Susan Berry, M.D., of the Biomedical Ethics Committee.

A motion was seconded and passed to endorse the recommendation and forward it to the Board of Governors

Report on Quality Assurance Activities

Dr. Jean Harris presented an update on the Hospital's Quality Assurance activities. Many of the organizational and structural changes which the Committee approved have taken place. The changes will facilitate the transition from Quality Assurance to a Quality Improvement Approach.

All Quality Assurance programs were reviewed to determine how they fit within this new structure. Dr. Harris presented several examples of how quality improvement systems are being implemented in Medical Intensive Care, Children's Special Care Unit, Neonatal Intensive Care and several additional areas.

Adjournment

There being no further business the meeting was adjourned at 5:45 p.m.

Respectfully submitted,



Shannon L. Lorbiecki
Assistant Director

**QUALITY MANAGEMENT COMMITTEE
'93-94 TASKS**

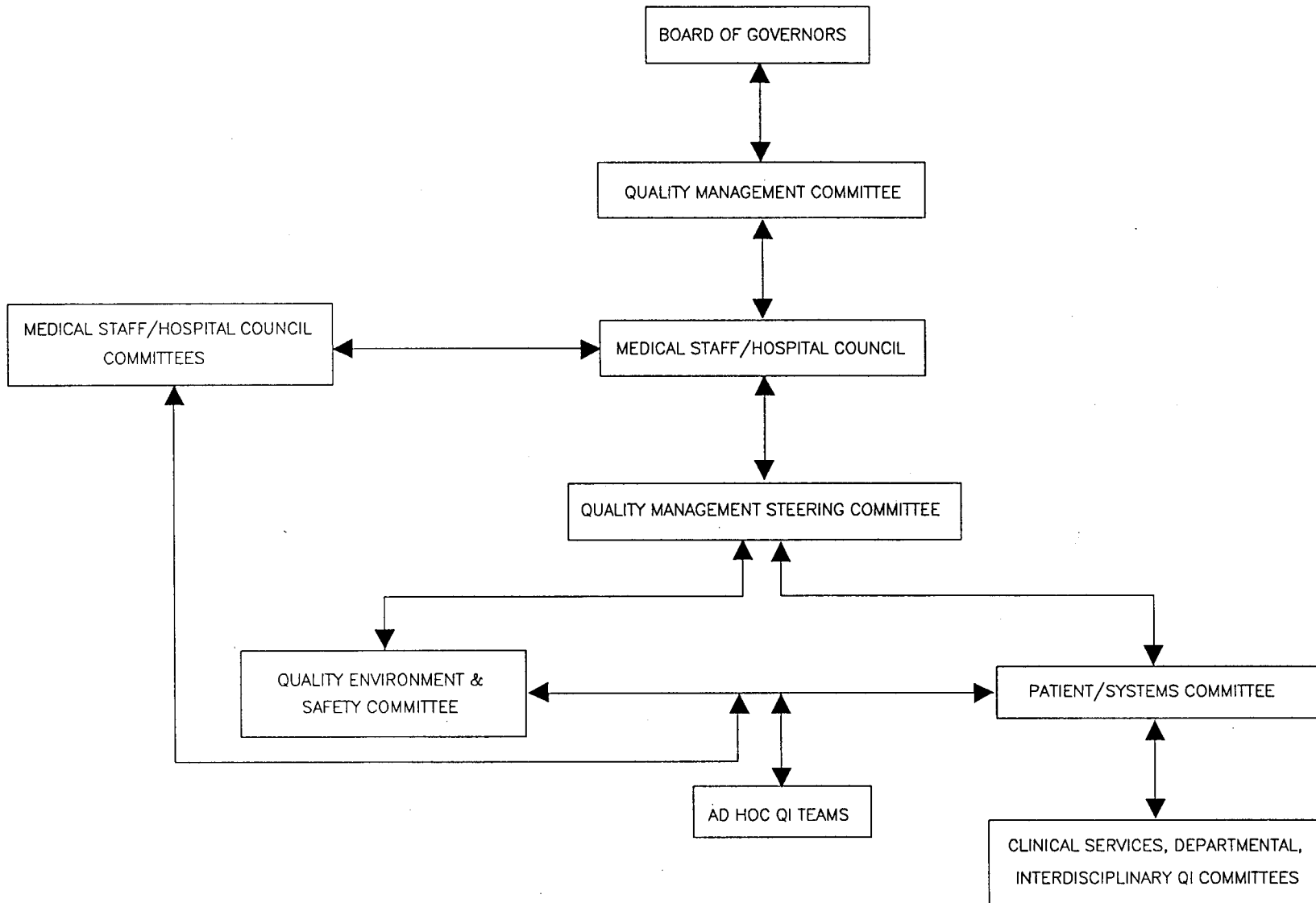
1. Institutionalizing Evaluation Criteria For Clinical Chiefs of Staff

2. Monitoring UMHC QA/CQI Activities
 - Quality Assurance Program
 - Service Improvement Initiative
 - Outcomes Management/Research

3. Implementing a Hospital Wide CQI/TQM Educational Program

4. Assuring Successful JCAHO Accreditation Survey

University of Minnesota Hospital & Clinic Quality Management Structure



QUALITY MANAGEMENT STEERING COMMITTEE
1993

Section 1: Composition

The Quality Management Steering Committee shall consist of the General Director; the Senior Associate Directors/Directors of Finance, Medical Affairs, and Nursing; a minimum of three Clinical Chiefs including the Chair of the Council of Clinical Chiefs and the Chief of Staff; and others as appropriate.

Section 2: Duties:

The Quality Management Steering Committee shall establish program direction and priorities, assure integration and coordination of all aspects of the Quality Management Program, and provide the resources necessary to sustain effectiveness.

- (a) Oversee the quality management activities of the organization's clinical, support, management and governance systems.
- (b) Evaluate all quality management activities within the hospital and clinic at least annually.
- (c) Recommend organizational changes in UMHC's quality management review systems.

Section 3: Meetings:

The Quality Management Steering Committee shall meet quarterly or as often as is necessary to accomplish its duties. The Committee maintains a permanent record of its findings, proceedings, and actions, and provides reports to the Medical Staff-Hospital Council and the Board of Governors.

**QUALITY MANAGEMENT STEERING COMMITTEE SUBCOMMITTEES
1993**

Patient/Systems Quality Management Committee

The Quality Management Steering Committee has appointed this Subcommittee to implement and evaluate the Quality Management Programs which relate to patient care and patient care systems. The Committee is chaired by the Senior Associate Director/Director of Medical Affairs. Membership represents major clinical and support services throughout the institution.

The duties of this Committee are to:

- (a) Implement ongoing patient care, operational, and systems assessment and improvement activities of clinical departments, support services, and interdisciplinary teams.
- (b) Identify, prioritize, and oversee the assignment and progress of specially assigned quality improvement project teams.
- (c) Serve as a problem-solving and decision-making resource for issues which cannot be resolved at a lower committee/team level.
- (d) Oversee the quality management activities of Medical Staff-Hospital Council Committees, particularly those related to surgical case review, drug usage evaluation, the Pharmacy and Therapeutics function, medical record review, blood usage review, utilization review, and infection control.
- (e) Oversee and coordinate patient-related Risk Management.

This Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall report to the Quality Management Steering Committee, the Medical Staff-Hospital Council, and the Board of Governors.

**QUALITY MANAGEMENT STEERING COMMITTEE SUBCOMMITTEES
1993**

Quality Environment and Safety Committee

The Quality Environment and Safety Committee has responsibility for direction of all safety activities for UMHC in accordance with the Governing Board's objectives, the standards of JCAHO, the Life Safety Code (NFPA 101), Minnesota OSHA, the Minnesota State Fire Marshal, Minneapolis Fire Department, and University of Minnesota Environmental Health and Safety. Committee membership shall include at least one member of the Medical Staff and four representatives of hospital management.

This Committee shall manage a comprehensive safety management program designed to provide a physical environment free of hazards, and to manage staff activities to reduce the risk of human injury.

- (a) Developemnt of written policy and procedure designed to enhance safety within the hospital and clinic to the maximum extent possible.
- (b) Management of an ongoing process to collect and evaluate information about hazards and safety practices used to identify issues for resolution.
- (c) New employee orientation to the safety program and continuing safety education and training.
- (d) Management of hazardous materials and wastes.
- (e) Maintaining an emergency preparedness program designed to manage the consequences of natural disasters and other emergencies.
- (f) Maintaining the life safety program designed to protect patients, visitors, staff, and property from fire and smoke.
- (g) Maintaining the equipment management program designed to assess and control the clinical and physical risks of fixed and portable equipment used for diagnosis, treatment, monitoring, and care of patients and of other fixed and portable electrically powered equipment.
- (h) Maintaining the utilities management program designed to assure the operational reliability, assess special risks, and respond to failures of utility systems that support the patient care environment.
- (i) Oversee and coordinate visitor and staff-related Risk Management.

This Committee shall meet at least bi-monthly, shall maintain a permanent record of its proceedings and actions and shall make reports to the Quality Management Steering Committee, the Medical Staff-Hospital Council, and the Board of Governors.

QUALITY SUPPORT SERVICES

April 1993

The Role of the Department

Quality Support Services is a consultative and support resource to the committees, departments, and improvement teams which comprise the quality and utilization management program. Quality Support Services' staff facilitate program development; assist with prioritization and study design; support data collection, compilation and display; facilitate the development and implementation of improvements; and promote integration, communication, and coordination.

1992 Evaluation and Reorganization

During 1992 Quality Support Services evaluated and redesigned its functions to more effectively support the initiatives of the Quality Management Steering Committee and priorities identified through the Strategic Planning process. Recommendations resulting from this evaluation included:

1. Departmental Changes
 - o recruit and hire a single Director
 - o develop distinctive utilization review and quality improvement staff functions
2. Utilization Review Priorities
 - o focus utilization review activities on selected patient populations where the chances of reducing inappropriate utilization and maximizing reimbursement are the greatest
 - o provide support for functions required by payers
 - o evaluate the existing decentralized preadmission certification process through an interdisciplinary quality improvement team
 - o develop methods to demonstrate the financial benefits of utilization review efforts

3. Quality Improvement Priorities

- o focus staff consultative support on priority patient populations identified by the following criteria: (1) effective existing quality assesment and improvement programs, (2) interest in interdisciplinary efforts to improve care, (3) identified as a priority patient population by the Strategic Planning Clinical Outcomes Task Force.
- o for priority patient populations, work to efficiently and effectively integrate clinical research, traditional quality assurance, risk management, clinical outcomes, cost-containment, service, marketing, and regulatory agency goals

Status - April 1993

1. Department Structure

- o a Director was appointed in November 1992
- o the UR and QI functions have been separated, hospital job classes have been developed and implemented, all positions except the QI Manager have been filled (see Attachment I for the department structure)

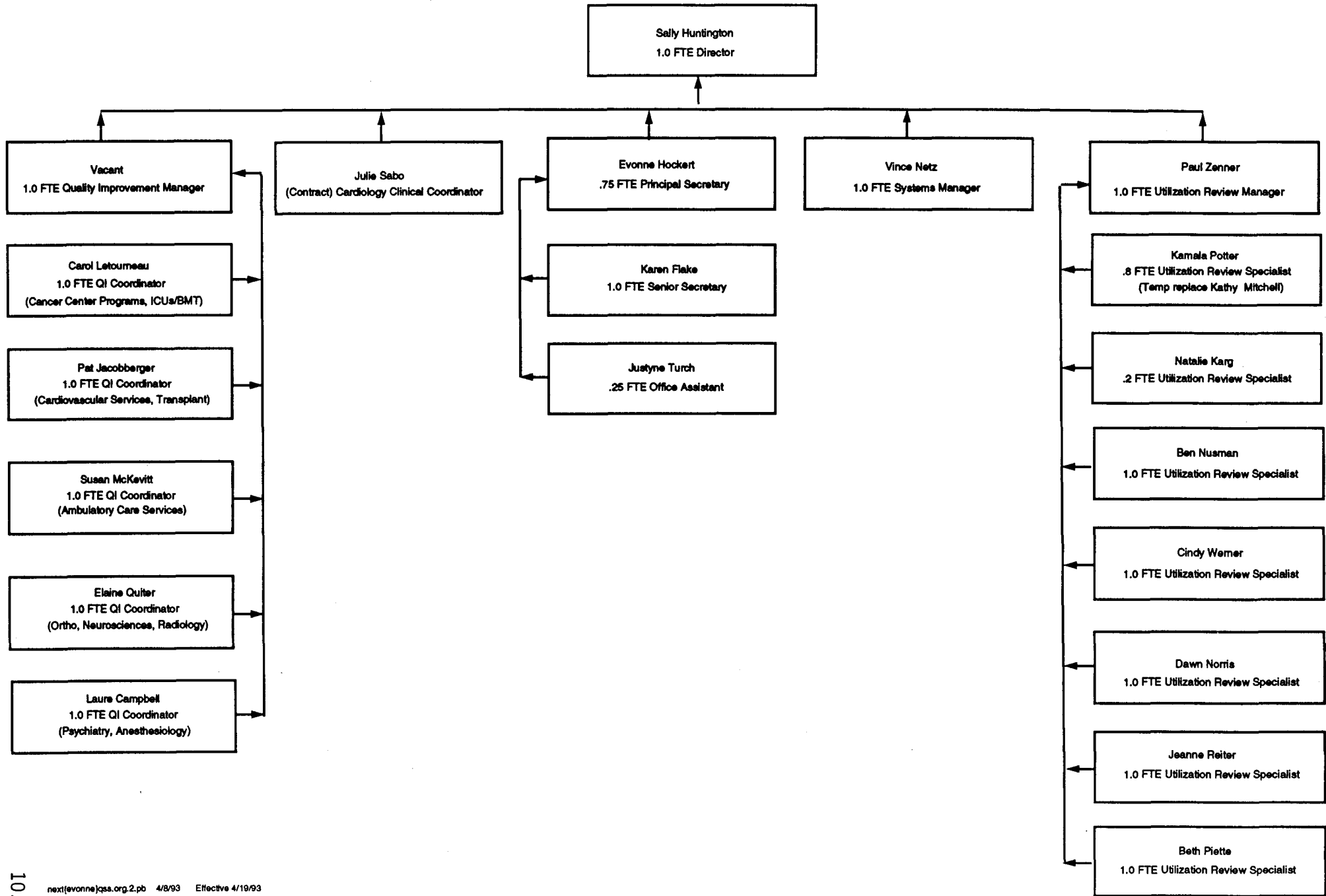
2. Utilization Review

- o payers' requirements are being addressed
- o centralised preadmission certification was examined and successfully piloted (see Attachment II for process diagrams)

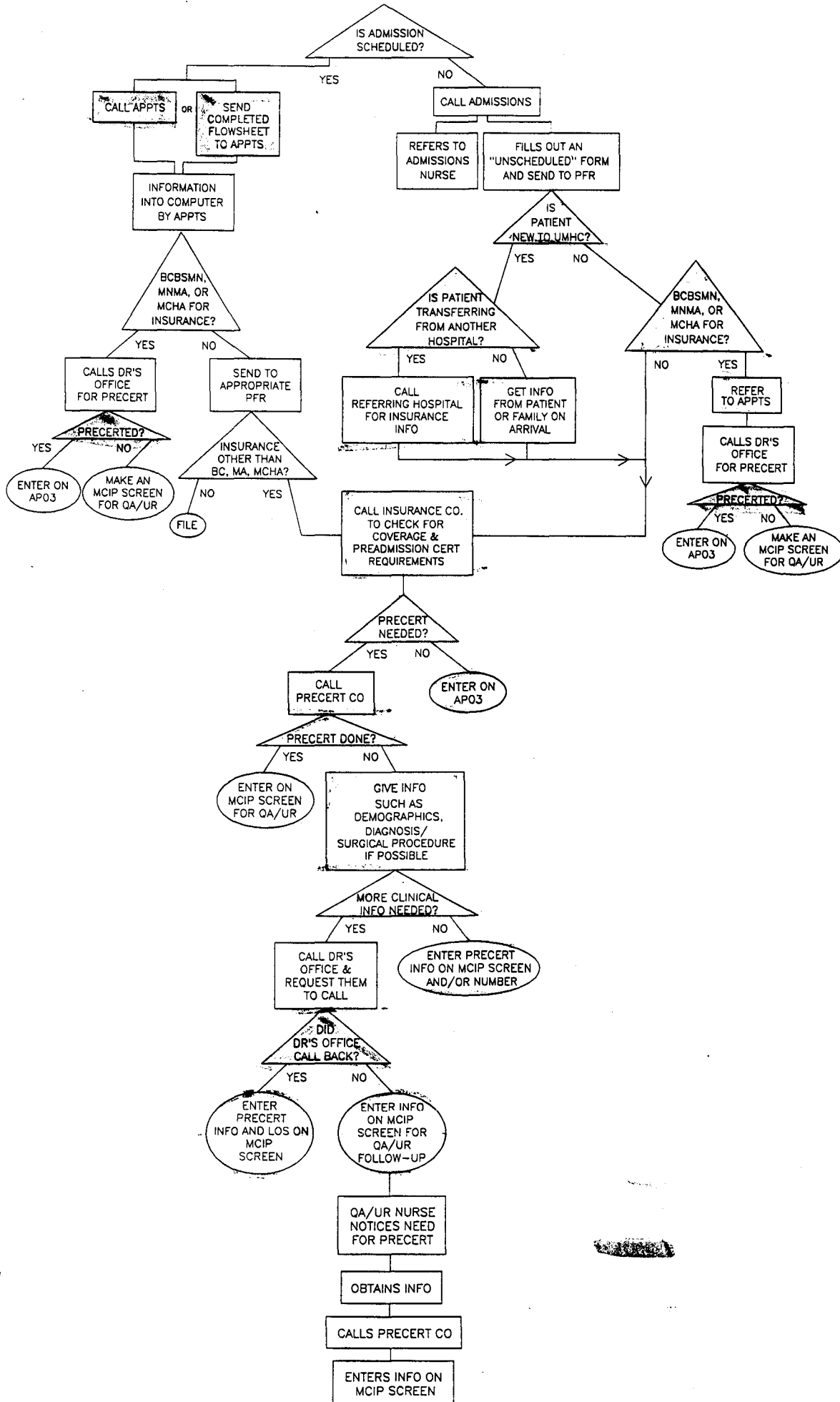
3. Quality Improvement

- o priority programs have been identified and consultative staff assigned (See Attachment III for priority programs)
- o each program is being assessed to determine existing resources, strengths, and weaknesses. The immediate goal is to organize information which will meet JCAHO requirements and support UMHC marketing. The ultimate goal is to develop interdisciplinary quality improvement plans which build on existing strengths.
- o TQM/CQI principles were introduced to several hundred UMHC staff during the Strategic Planning process. Department staff have received formal training as CQI facilitators. An institution-wide education plan is being developed.

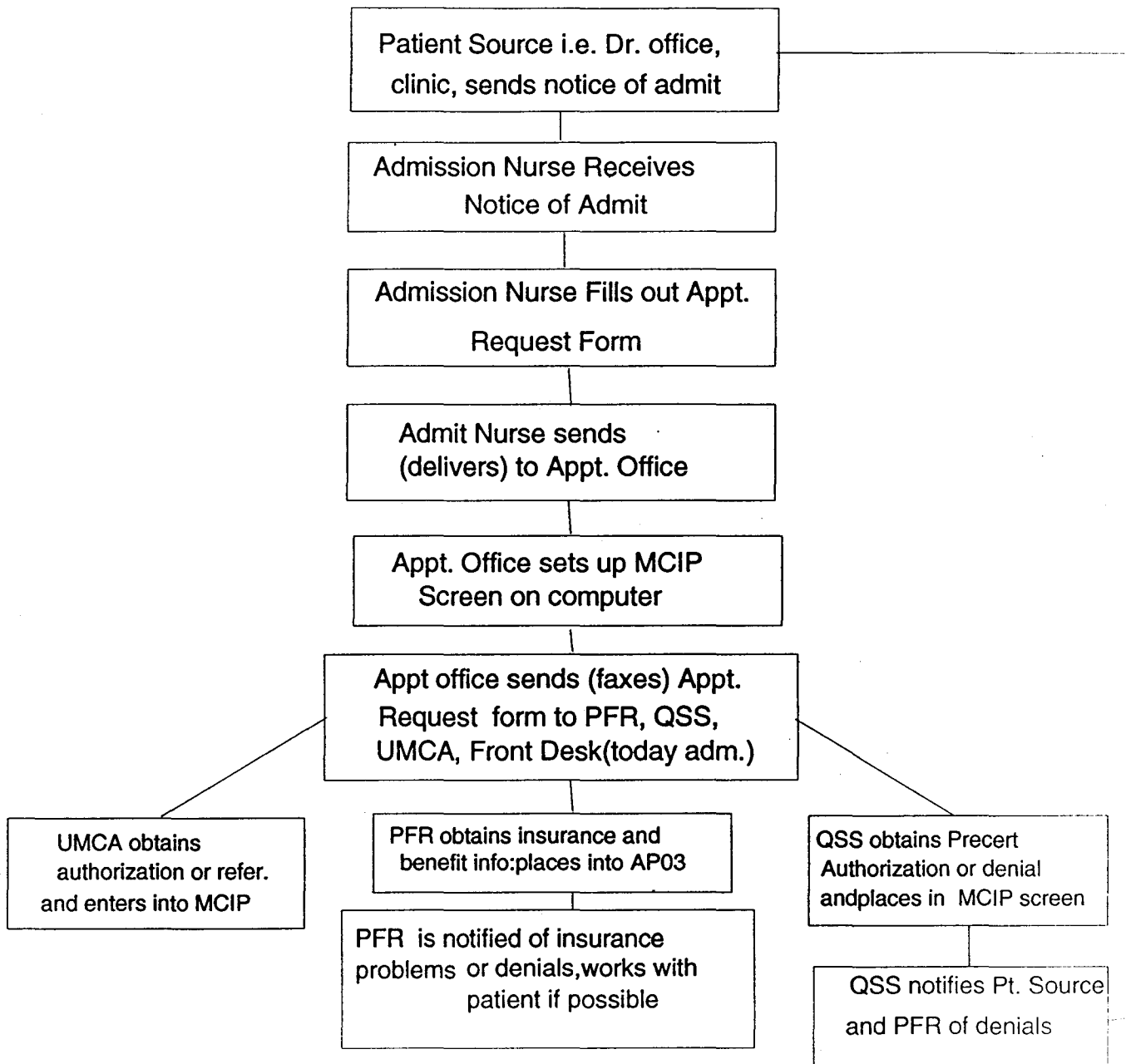
University of Minnesota Hospital & Clinic
QUALITY REPORT SERVICES
 ORGANIZATIONAL CHART



ATTACHMENT I



After: Precertification Flow Chart



PATIENT POPULATION/DEPARTMENT PRIORITIES

1992

High priority QI programs

Cardiovascular Programs
 Transplant
 Orthopaedic Surgery
 Neurosciences
 Bone Marrow Transplant
 Comprehensive Cancer Programs
 Intensive Care Units
 Ambulatory Care (including Emergency Services and many
 primarily outpatient clinical departments such as
 Ophthalmology)
 Psychiatry
 PM&R
 Anesthesiology
 Cardiopulmonary Services
 Radiology/Nuclear Medicine
 Therapeutic Radiology
 Nursing
 Pharmacy
 Laboratories
 Pathology
 Blood Bank
 Nutrition
 Social Work
 Operating Rooms
 Incident Reports/Safety Committee/Risk Management Committee

QI programs to be integrated into priority activities

GI Medicine	- Included in Endoscopy QI activities
Medical Oncology	- Included in interdisciplinary Comprehensive Cancer Programs
Otolaryngology	- Included in Comprehensive Cancer Programs

Consultative programs

Red/White/Purple/ Green Surgery	- Focus Department of Surgery efforts on Transplant, CVTS, ICUs, Comprehensive Cancer Programs
Urology	
Dentistry	

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Office of the Chief of Staff

*Box 707
420 Delaware Street S.E.
Minneapolis, MN 55455-0392
612-626-1945*

April 15, 1993

TO: Quality Management 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 endorsed the attached Credentials Committee Report and Recommendations on March 9.

I am forwarding these recommendations to you for your review and consideration on April 28. Following your consideration of these recommendations, we ask that you forward them to the Board of Governors for approval on April 28.

Thank you.

REM/cf
Attachment

cred/jt.conf

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

March 3, 1993

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 recommends 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 Dermatology

Category

Meiling L. Yuen

Clinical Staff

Department of Hospital Dentistry

Matthew J. Roszkowski

Attending Staff

Department of Family Practice
and Community Health

Phillip M. Kofron

Attending Staff

James T. Pacala

Attending Staff

Richard Reed

Attending Staff

Marion C. Warwick

Attending Staff

James S. Van Vooren

Attending Staff

Department of Laboratory Medicine
and Pathology

Bruce E. Kloster

Clinical Staff

Ronald C. McGlennen

Attending Staff

Department of Medicine

Stuart W. Adler

Attending Staff

James E. Anderson

Attending Staff-ER

Timothy W. Behrens

Attending Staff

Daniel D. Dulas

Attending Staff

Susan L. Freeman

Clinical Staff

Richard H. Grimm

Attending Staff

Mark B. Juckett

Attending Staff

Jennifer G. Robinson

Attending Staff

Provisional status and clinical privileges continued:

Department of Neurology

Category

Gareth J.G. Parry

Attending Staff

Department of Obstetrics
and Gynecology

Marianne C. Westerheim

Attending Staff

Department of Orthopedics

Mark B. Dekutoski
Daniel W. Gaither
Alfred E. Geissele

Attending Staff
Clinical Staff
Attending Staff

Department of Pediatrics

Gail M. Brottman
Nancy L. Ott
Marcia L. Shew

Clinical Staff
Clinical Staff
Attending Staff

Department of Radiology

Connie L. Emerson
S. Murthy Tadavarthy
Joseph H. Tashjian

Attending Staff
Clinical Staff
Clinical Staff

Department of Urology

Stephen M. Eppel

Clinical Staff

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

Department of Neurology

Category

William B. Dobyms

Attending Staff

Add: Department of Pediatrics privileges: developmental screening; skin biopsy; spinal puncture, lumbar, diagnostic; clinical genetics: counselling of patients and families, prenatal diagnosis; venous catheter placement percutaneous.

Add: Joint appointment in the Department of Pediatrics

Addition and/or deletion of clinical privileges continued:

Department of Obstetrics
 and Gynecology

Category

Leon Adcock Attending Staff
 Delete: laparoscopy including operative procedures

Marilyn S. Joseph Attending Staff
 Delete: laparoscopy including operative procedures

Andrew K. Saltzman Attending Staff
 Add: laparoscopic procedures - ablation of endometriosis, appendectomy,
 assisted vaginal hysterectomy, fimbriolysis, lysis of adhesions,
 ovarian cystectomy, pelvic and/or periaortic lymph node dissection,
 salpingo-oophorectomy, staging of gynecologic cancers to include
 pelvic and/or periaortic lymph node dissection

Jacques P. Stassart Attending Staff
 Add: laparoscopic procedures - ablation of endometriosis, appendectomy,
 assisted vaginal hysterectomy, fimbriolysis, lysis of adhesions,
 myomectomy, oocyte retrieval, ovarian cystectomy, salpingo-
 oophorectomy, salpingostomy

Department of Surgery

David L. Dunn Attending Staff
 Add: abdominal laparoscopy including: biopsies, laparoscopic
 cholecystectomy

The following medical staff member has submitted an application and supporting
 documentation requesting change in staff category. The Committee has reviewed
 and considered this request and hereby recommends approval.

<u>Deptment of Radiology</u>	<u>Present Category</u>	<u>Requested Category</u>
James E. Crowe	Attending Staff	Clinical Staff

The following medical staff 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 recommends approval.

<u>Department of Family Practice</u>	<u>Category</u>	<u>Date Eligible</u>
Robert M. Bostick	Attending Staff	December 24, 1992
Richard J. Feist	Attending Staff	October 22, 1992
Bernerd L. O'Neil	Attending Staff	October 22, 1992
Angela M. Vargas	Attending Staff	October 22, 1992

Regular appointments of the Medical Staff continued:

<u>Department of Hospital Dentistry</u>	<u>Category</u>	<u>Date Eligible</u>
Mark W. Bettes	Clinical Staff	December 24, 1992
Paul H. Kwon	Clinical Staff	October 22, 1992
Terry G. Orr	Clinical Staff	October 22, 1992
<u>Department of Laboratory Medicine and Pathology</u>		
Anthony A. Killeen	Attending Staff	November 27, 1992
<u>Department of Medicine</u>		
John M. Flack	Attending Staff	December 24, 1992
<u>Department of Neurology</u>		
John W. Day	Attending Staff	November 27, 1992
<u>Department of Obstetrics and Gynecology</u>		
Jacques P. Stassart	Attending Staff	December 24, 1992
<u>Department of Radiology</u>		
Calvin F. Andersen	Attending Staff	November 27, 1992
Marcos A. Herrera	Clinical Staff	November 27, 1992
Deborah Wadsworth	Attending Staff	November 27, 1992
<u>Department of Surgery</u>		
Rainer W.G. Gruessner	Attending Staff	October 22, 1992
Caliann T. Lum	Clinical Staff	December 24, 1992

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

<u>Department of Hospital Dentistry</u>	<u>Category</u>
Chris Blixrud	Attending Staff
Deborah O. Strand	Clinical Staff
<u>Department of Medicine</u>	
Dennis L. Confer	Attending Staff
Nina M. DiAngelis	Attending Staff
Thomas P. Ducker	Attending Staff
Gail B. Turner	Attending Staff
Eric L. Weinschel	Attending Staff

Resignations from the Medical Staff continued:

Department of Neurology

Dinesh Talwar

Category

Attending Staff

Department of Obstetrics
and Gynecology

Mark M. Moradi

Attending Staff

Department of Orthopedics

David W. Polly

Attending Staff

Department of Radiology

Calvin F. Andersen
Deborah G. Longley

Attending Staff
Attending Staff

effective 1/1/93

HB/cf

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Harvard Street at East River Parkway
Minneapolis, MN 55455

Date: April 23, 1993
To: Board of Governors
Quality Management Committee
From: Jean L. Harris, M.D. *JLH*
Subject: JCAHO COMPLIANCE/PERFORMANCE APPRAISAL

The follow summarizes the 1991-1992 Performance Appraisal return rates for those categories of employees who provide direct patient care at UMHC.

Summary of Report findings:

- **Total Employees (Direct Patient Care Duties)**
Appraisals Due July 1, 1991 - June 30, 1992 2857
Employees who were on LOA/Terminated (316)
Total Appraisals Due (Direct Patient Care)
July 1, 1991 - June 30, 1992 2541
Employees receiving satisfactory evaluations 1886
Employees receiving marginal evaluations 38
Total timely appraisals 1944 76%
Employees who have an overdue evaluation 617
Total non-timely appraisals 617 24%

- **Hospital-wide Returns for 1992 are: Total** 4320
Total timely 2243 52%
Total non-timely 2077 48%

GB.1.14 *The governing body requires a process or processes designed to assure that all individuals who provide patient care services, but who are not subject to the medical staff privilege delineation process, are competent to provide such services.*

GB.1.14.1 *The quality of patient care services provided by these individuals is reviewed as part of the hospital's program to assess and improve quality.*

- SCORING**
- Score 1** Evidence indicates that the governing body requires a process for performance evaluation, based on job descriptions, for individuals who provide patient care services and are not subject to the medical staff privilege delineation process, and for each person who provides direct patient care or support services under a contract and is not subject to the clinical privileging process. Reports to the governing body, or to governing body committees, include at least an annual summary, by job category, of the performance results of 100% of the categories of patient care providers. The reports include findings pertinent to the competence of these providers.
- AND
- In 91%–100% of the cases reviewed, relevant findings from quality assessment and improvement activities that address clinical performance are used in evaluating clinical performance against defined criteria, standards, or expectations (for example, a job description).
- AND
- The process for performance evaluation has been in effect for 12 months prior to survey.
- AND
- At least one summary report has been submitted to the governing body in the 12 months prior to survey.
- Score 2** In 76%–90% of the cases reviewed, relevant findings from quality assessment and improvement activities that address clinical performance are used in delineating clinical privileges or evaluating clinical performance against defined criteria, standards, or expectations (for example, a job description).
- OR
- The process for performance evaluation has been in effect for 9–11 months prior to survey.
- OR
- The last summary report was submitted to the governing body 13–17 months prior to survey.
- Score 3** The summary report(s) of the performance results of the patient care providers includes 90%–99% of the categories of patient care providers.
- OR
- In 51%–75% of the cases reviewed, relevant findings from quality assessment and improvement activities that address clinical performance are used in delineating clinical privileges or evaluating clinical performance against defined criteria, standards, or expectations (for example, a job description).
- OR
- The process for performance evaluation has been in effect for 6–8 months prior to survey.
- OR

The last summary report was submitted to the governing body 18 months prior to survey.

OR

The process for performance evaluation does not include contract personnel who provide direct patient care or support services.

OR

Reports to the governing body or to governing body committees do not include a summary, by category, of the performance results of patient care providers.

Score 4 The summary report(s) of the performance results of the patient care providers includes 80%-89% of the categories of patient care providers.

OR

In 26%-51% of the cases reviewed, relevant findings from quality assessment and improvement activities that address clinical performance are used in delineating clinical privileges or evaluating clinical performance against defined criteria, standards, or expectations (for example, a job description).

OR

The process for performance evaluation has been in effect for 5 months or less prior to survey.

OR

The last summary report was submitted to the governing body 19 months prior to survey.

Score 5 The summary report(s) of the performance results of the patient care providers includes fewer than 80% of the categories of patient care providers.

OR

In fewer than 26% of the cases reviewed, relevant findings from quality assessment and improvement activities that address clinical performance are used in delineating clinical privileges or evaluating clinical performance against defined criteria, standards, or expectations (for example, a job description).

OR

There is no evidence that the governing body has approved a process for performance evaluations of those individuals who provide patient care services and for those persons who provide direct patient care or support services under a contract and are not subject to a clinical privileging process.

OR

The last summary report was submitted to the governing body more than 19 months prior to survey.

OR

No summary reports are submitted to the governing body.

**DRAFT CRITERIA
FOR CLINICAL CHIEFS EVALUATION**

- Each Clinical Chief shall be responsible for and shall demonstrate commitment to the fulfillment of the mission of UMHC, and the implementation of the strategic plan of UMHC within his or her clinical department.
- Each Clinical Chief shall be accountable for all professional, clinical, and related administrative activities within his or her service, and shall be responsible in all respects for the implementation of actions and policies set by the Board, the Council of Chiefs of Clinical Services, and the Medical Staff Hospital Council, and for the performance of all functions of Clinical Chiefs as set forth in the UMHC Medical Staff Bylaws.
- Each Clinical Chief shall participate in appropriate administrative and committee processes in order to carry out the objectives of UMHC and the medical staff.
- Each Clinical Chief shall be responsible for the active and successful interaction and liaison between the clinical service, UMHC, UMCA and the Medical School.
- Each Clinical Chief shall conduct his or herself in such a fashion as to promote the positive public image of UMHC, and the clinical service.
- Each Clinical Chief shall be responsible for maintaining a sound administrative clinical organization within his or her service and for promoting the quality of service and the morale of the members of the clinical service.
- Each Clinical Chief shall be responsible for the continuous monitoring and improvement of the quality of service within the clinical service.

- Each Clinical Chief shall be responsible for compliance with applicable standards, rules, regulations, and protocols relating to research or other regulated activity conducted within the clinical service at UMHC, including but not limited to those promulgated by JCAH, FDA, NIH, and the IRB (Human Subjects Committee).
- Each Clinical Chief shall be responsible for compliance with practice guidelines established for his or her clinical service.
- Each Clinical Chief shall be responsible for the compliance of all members of the clinical service in regard to the standards set forth in this policy.

**QUALITY MANAGEMENT COMMITTEE
BOARD OF GOVERNORS
Wednesday, May 25, 1994
Bridges Conference Room
10:00 A.M.**

AGENDA

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I.	<u>Approval of the April 27, 1994 Minutes</u>	Approval 16
II.	<u>Infection Control Report</u> -Frank Rhame, M.D.	Information
III.	<u>Medical Staff-Hospital Council Report:</u>	
	o Clinical Chief Appointment -Robert Maxwell, M.D.	Endorsement/ Consent 18
	o Safety Report -Robert Nygren	Endorsement/ Consent 22
IV.	<u>Joint Commission on Accreditation of Healthcare Organization</u>	
	o 1993 Type I Recommendations -Jean Harris, M.D.	Information
	o Introduction to 1994 Standards -Sally Hungtinton	Information
V.	<u>Other Business</u>	
VI.	<u>Adjournment</u>	

**THE UNIVERSITY OF MINNESOTA HOSPITAL AND
CLINIC**

BOARD OF GOVERNORS

QUALITY MANAGEMENT COMMITTEE

MAY 26, 1993

**QUALITY MANAGEMENT COMMITTEE
BOARD OF GOVERNORS
Wednesday, May 26, 1993
10:00 A.M.
Bridges Conference Room**

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II.	End Stage Renal Disease Program	Endorsement/ Consent 4
	-Joanne Disch, Ph.D., RN	
	-Keith Hampton	
III.	Performance Evaluation Criteria for Clinical Chiefs	Endorsement 16
	-Keith Dunder	
IV.	UMHC Long Range Strategic Plan	Information
	o Cost Reduction	
	-Joanne Disch	
	o Service Improvement	
	-Jean Harris, M.D.	
	o Outcomes Assessment	
	-Jean Harris, M.D.	
V.	Quality Improvement Education Plan	Endorsement/ Consent 18
	-Jean Harris, M.D.	
VI.	Other Business	
VII.	Future Agenda Items	
	o Reappointments	
	-Medical Staff	
	-Medical Staff Committee Chairs	
	-Chiefs of Clinical Service	
	o Preparation for 1993 JCAHO Survey	
	o Status Report: Service Improvement Initiatives	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS
QUALITY MANAGEMENT COMMITTEE

APRIL 28, 1993
MINUTES

Attendance

Present: Frank Cerra, M.D.
Michael Fay
S. Albert Hanser (Chair)
Greg Hart
Charles Jones
Donald Sudor

Absent: Kathleen Annette, M.D.
Roberto Heros, M.D.
Robert Maxwell, M.D.

Staff: Giles Caver
Keith Dunder
Jean Harris, M.D.
Sally Huntington
Shannon Lorbiecki

Call to Order

Mr. Hanser called the meeting to order at 10:13 a.m.

Approval of the December 15, 1992 Minutes

The Quality Management Committee approved the minutes of the December 15, 1992 meeting of the Joint Conference Committee as submitted.

Performance Evaluation of the Clinical Chiefs

Mr. Dunder presented a draft list of performance evaluation criteria for the chiefs of clinical services. The Board of Governors appoints the clinical chiefs but has not evaluated their performance historically. Good management practice and the standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) encourage performance evaluation of the clinical chiefs.

Mr. Dunder said the council of chiefs of clinical services would review the draft list of performance evaluation criteria at its next meeting. Staff will present the list to the Quality Management Committee and Board of Governors for approval at a future meeting.

1993 Work Plan

Dr. Harris presented the proposed 1993 work plan for the Quality Management Committee. The work plan includes: (1) establishing performance evaluation criteria for the chiefs of clinical services, (2) monitoring the quality assurance and continuous quality improvement activities of the quality assurance program, service quality improvement initiative, and outcomes measurement and research initiative, (3) implementing an organizational continuous quality improvement/total quality management educational program, and (4) assuring a successful JCAHO accreditation survey next winter.

UMHC Quality Management Program

Ms. Huntington, the director of quality support services, provided an overview of the quality management program. The quality management program has been established to redirect the organization's focus from traditional quality assurance to quality improvement. In this regard, quality support services also was reorganized. Ms. Huntington provided an overview of the changes in her department's organizational structure, utilization review activities, and quality improvement activities.

Medical Staff-Hospital Council Report: Credentials Committee Recommendations

Mr. Greg Hart presented the recommendations of the Credentials Committee. The recommendations include approval of provisional status and clinical privileges, addition and deletion of clinical privileges, change in staff category, regular appointments, and acceptance of resignations.

A motion was seconded and passed to endorse the Credentials Committee recommendations and forward them to the Board of Governors.

Other Business

Mr. Hanser asked staff to present reports from the Medical Staff-Hospital Council and its committees on an annual basis.

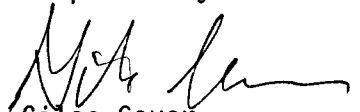
Mr. Jones asked staff to present a report on the survey of resident attitudes regarding The UMHC.

Mr. Hanser recommended that additional physicians be appointed to the Quality Management Committee. He also asked staff to consider medical staff availability when scheduling future meetings.

Adjournment

There being no further business, the meeting was adjourned at 11:40 a.m.

Respectfully submitted,


Giles Caver
Administrative Fellow

MEMORANDUM

Date: April 22, 1993

To: Members, Board of Governors

From: Joanne Disch, Ph. D, RN, FAAN
Senior Associate Director
Director of Nursing

Re: Dialysis Services Annual Policy and Procedure Review

Approval is requested for the following changes in the Organizational Summary and policy/procedures as required by the End Stage Renal Disease (ESRD) program guidelines.

1. Chart of Organization

- . Mr. Gregory Hart replaces Mr. Robert Dickler as General Director.
- . Thomas Nevins, MD, is the appointed Medical Director for Pediatric Dialysis Stations.
- . Arthur Matas, MD, is the appointed Medical Director for Renal Transplant Services

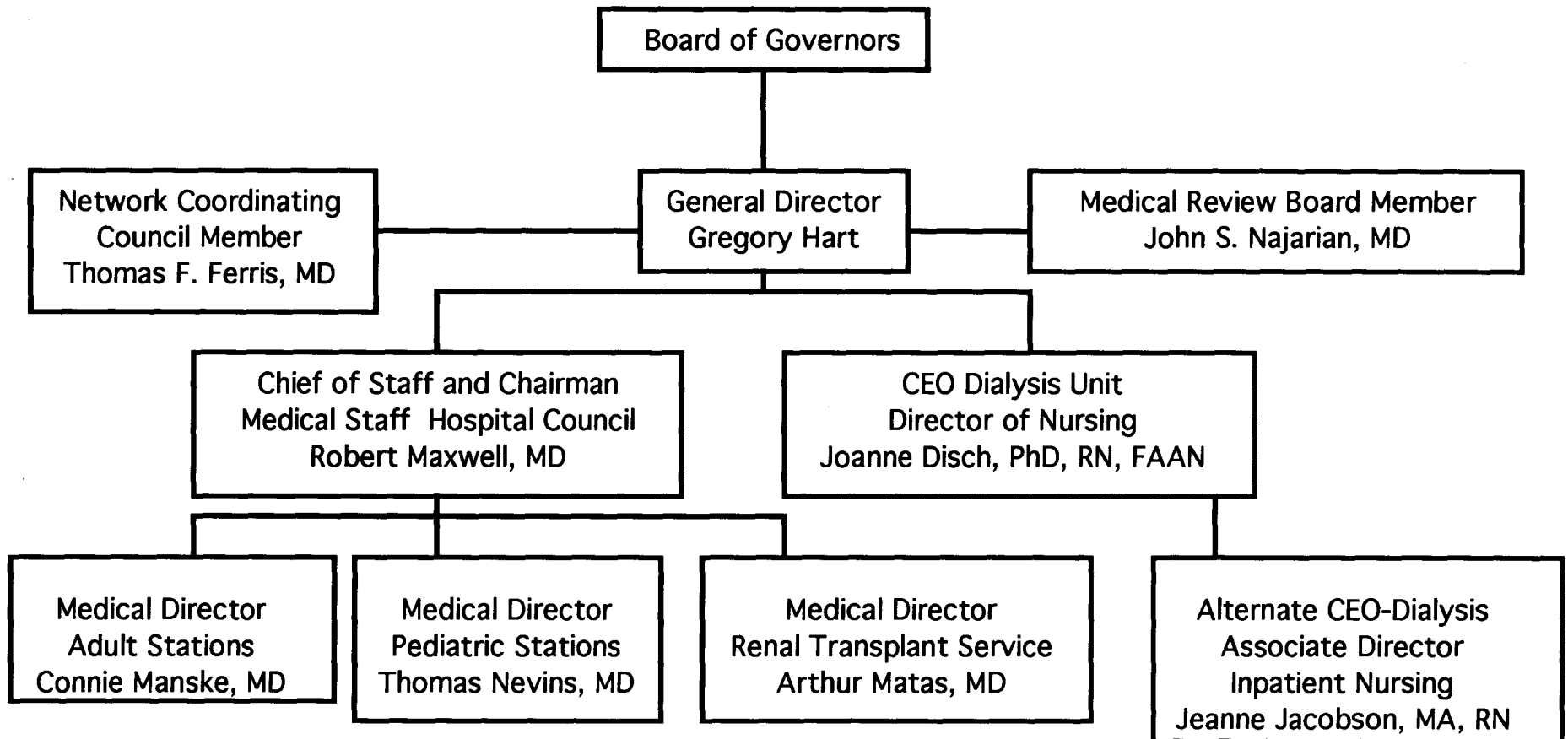
2. Policy and Procedures

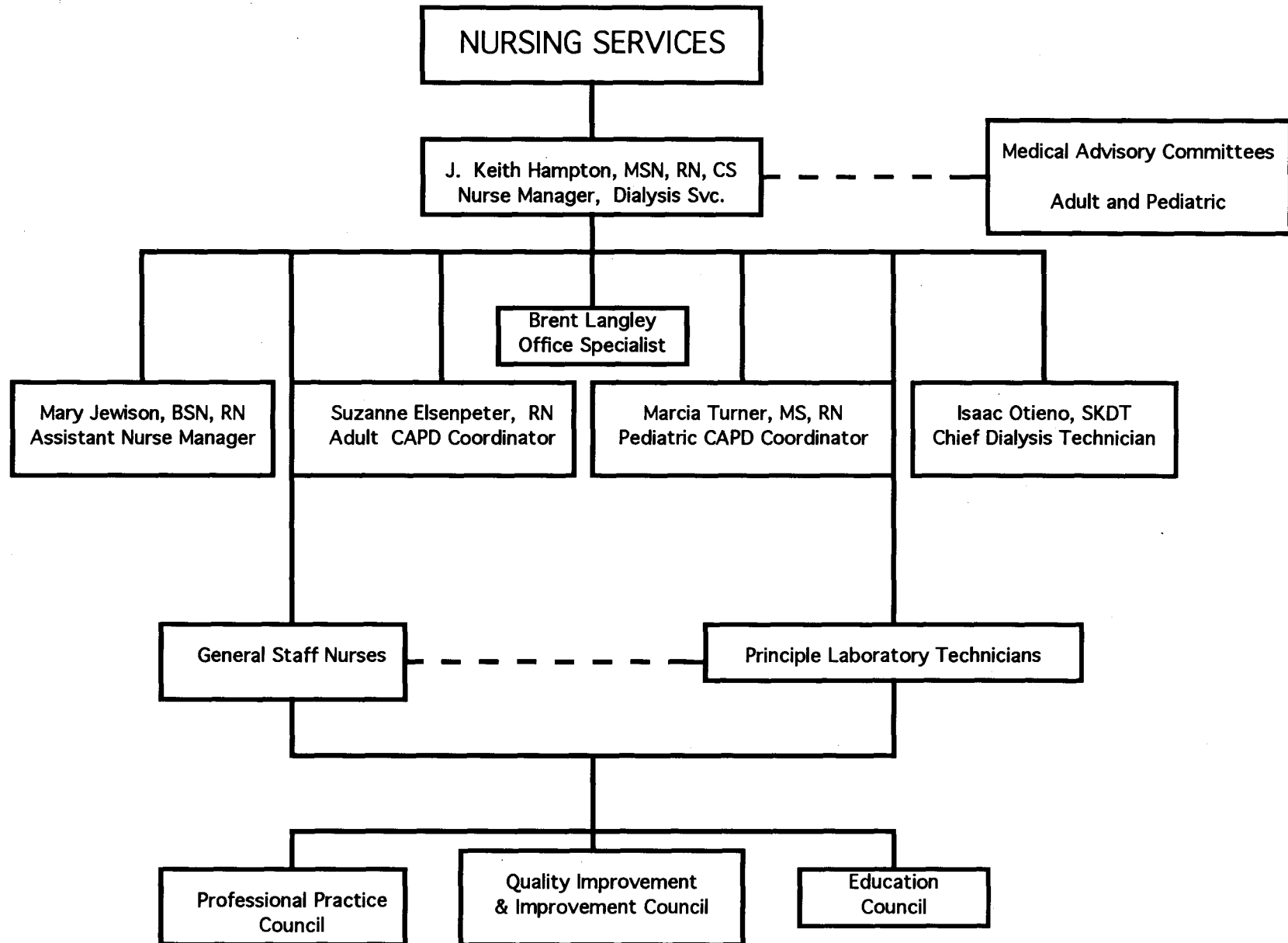
- . There are no revised or newly developed procedures within Dialysis Services.

University of Minnesota Hospital and Clinic

Organizational Chart

End Stage Renal Disease Program
Renal Transplant Service and Dialysis Unit





SCOPE OF CARE AND ORGANIZATIONAL SUMMARY
UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
DIALYSIS SERVICES

I. INTRODUCTION

The goals and objectives of the unit are aimed toward excellence in clinical practice, research, and patient education. The leadership and staff of Dialysis Services (DS) support the Hospital's mission and the Nursing Services' philosophy, policies, and procedures. The professional staff believes that each patient is a significant individual who is to be given holistic, individualized, comprehensive care as identified in the Standards of Care. Dialysis Services provides hemodialysis for the acute and chronic renal failure in neonatal, pediatric, and adult patients. Dialysis Services also provides training for home peritoneal dialysis.

II. PHYSICAL

Dialysis Services is located in two separate areas. The Hemodialysis Unit is located in the Mayo Building. This area is composed of seven cubicles and four rooms, with one room having an anteroom to be used for patient isolation. Each cubicle/room has wall connections to Reverse Osmosis water, television, and blood pressure equipment. Suctioning and oxygen are available and equipment can be set up in any cubicle or room as needed. There are two portable cardiac monitors available in the unit. A Standardized Hospital Arrest Cart with emergency drugs and equipment is available in the area. A disposable resuscitation device (DRD) is kept on the cart. A Hewlett Packard defibrillator is located next to the arrest cart.

Unstable ICU patients are dialyzed on their own unit in rooms with wall connection to dialysis quality water or utilizing batch tanks.

The Peritoneal Dialysis Training Area is located in the Mayo Building. This area is composed of two training rooms. The Peritoneal Dialysis room contains a training mannequin, cycling machines for CCPD, and a disposable resuscitation device is kept in the training area. The type of Peritoneal Dialysis used is tailored to patient needs and their home environment.

III. PATIENT POPULATION

The patients who are treated by Dialysis Services staff are composed of two types of patients - those in chronic renal failure (CRF) and those in acute renal failure (ARF). The critically ill adult and pediatric patients include but are not limited to, a diagnosis of:

1. Sepsis
2. Drug Overdose
3. Hyperammoniaemia
4. Hemolytic Uremic Syndrome (HUS)
5. Multisystem Failure

and recipients of:

1. Bone Marrow Transplant
2. Heart/Lung Transplant
3. Kidney/Liver Transplant
4. Kidney Transplant
5. Open Heart Surgery.

The Chronic Renal Failure population includes adults, pediatric patients with ESRD secondary to, but not limited to, the following diseases:

1. Diabetes
2. Glomerulonephritis
3. Hypertension
4. Polycystic Kidney Disease
5. Hydronephrosis
6. Congenital Bladder/Kidney Dysfunction
7. Drug-Induced Kidney Failure
8. IGA Nephropathy
9. Nephrotic Syndrome
10. Alport's
11. Post Strep-Glomerulonephritis
12. Focal Segmental Sclerosis
13. Wegner's Disease
14. Fabry's disease.

IV. SCOPE OF SERVICES

The scope of Dialysis Services at The University of Minnesota Hospital and Clinic include, but are not necessarily limited to, the provision of:

1. Dialysis treatment to patients with End Stage Renal Disease (ESRD).
2. Dialysis treatment to patients with Acute Renal Failure (ARF).
3. Dialysis treatment to transplant patients requiring supportive dialysis following a Renal Transplant.
4. Other extracorporeal perfusion techniques to patients requiring such (e.g., overdoses, exchange transfusions, etc.).
5. Training for Self Care Peritoneal Dialysis to any patients with ESRD.
6. Ongoing education and management of those patients on Self Care Peritoneal Dialysis.
7. Education and consultative support services to patient care areas at The University of Minnesota which house Peritoneal Dialysis.
8. Patient/family education.
9. Psychosocial support of family system.
10. Initial and ongoing nursing assessment of effects of dialysis treatment.
11. Pre and post assessment of treatment.
12. Nutritional support.

V. PATIENT CARE DELIVERY SYSTEM

The goals of this system include:

1. That every CRF patient has a nurse accountable for the provision of patient care.
2. That every CRF patient has an Interdisciplinary Team composed of a Primary Nurse, Social Worker, Dietician, and Physician who plan, implement, and evaluate the patient's care plan and long term program.
3. Direct Nurse to Physician, Social Worker and Dietician communication, and Nurse to Nurse communication for coordinated patient care.

The patient care delivery system for inpatients with renal failure follows the plan of care prescribed by dialysis physicians in conjunction with the patient's primary physician, and all health team members.

- A. The adult and pediatric renal fellows care for the hospitalized dialysis patients and chronic outpatients under the direct supervision of the attending physicians of the dialysis services. Physician coverage is provided 24 hours each day. This includes renal fellows and attending staff.
- B. The nursing staff includes a Nurse Manager, Assistant Nurse Manager, Senior Dialysis Technician, Charge Nurse, GSN, PLT, NST, NA, and a Staff Development Instructor who provides consultation to the Assistant Nurse Manager and assists with the coordination of orientation and continuing education of the staff. (See Nursing Services Narrative for role description.)

- C. Support services include Dietary Services which provides patient education on nutrition and special diets, and Social Services which provides assistance with nursing home placement, transportation, home health care/counselling, and financial concerns.

VI. ORGANIZATION

- A. Written policies and procedures specific to DS provide criteria for practice on the unit.
- B. The Medical Advisory Committee, composed of the Medical Directors, the Associate Director of Nursing, the Nurse Manager of DS, and the Chief Executive Officer, approve all policies and procedures for DS.
- C. The Medical Advisory Committee develops/approves guidelines for therapeutic interventions specific to DS.
- D. The DS Quality Assurance Council participates in department-wide monitors as well as unit-specific monitors based upon Important Aspects of Care.

VII. EDUCATION

All staff on DS are prepared for their responsibilities through Orientation, Inservices, and Continuing Education.

- A. All staff will receive Basic Orientation through Central Orientation.
- B. Unit Orientation is provided by the Assistant Nurse Manager, Staff Development Instructor, and DS Staff Mentors. Orientation includes completion of the following:
 - 1) Technical Dialysis
 - 2) Basic Hemodialysis Nursing
 - 3) Acute Hemodialysis Nursing
 - 4) Pediatric Chronic and Acute Hemodialysis Nursing
 - 5) Peritoneal Dialysis Nurse Orientation to teaching Self Care Peritoneal Dialysis
 - 6) Competency exams covering theory and related to technical aspects of Dialysis, Hemodialysis Nursing (acute and chronic) of Adult and Pediatric patients.
- C. Special unit specific education will be provided by the Assistant Nurse Manager, Staff Development Instructor, and DS Staff Mentors. Annual retraining occurs in:
 - 1) Electrical Safety
 - 2) Emergency Preparedness
 - 3) Basic Cardiac Life Support (BCLS)
 - 4) Infection Control (UBBST).
- D. Inservice education appropriate for unit needs is identified from QA Monitor results and observations. It is also identified by staff and leadership.

- E. Staff members, in addition, may elect to attend education modules of the Minnesota Association of Public Teaching Hospitals Education Program (MAPTH). Each staff member is also responsible for continued growth and development in dialysis nursing through self study and attendance at seminars and inservices both within and outside the hospital.

VIII. DIALYSIS UNIT QUALITY ASSURANCE/IMPROVEMENT PLAN

Statement of Purpose:

The Dialysis Services Unit (DSU) of the University of Minnesota Hospital and Clinic is dedicated to the principle of providing the highest quality of care through an interdisciplinary management approach. The DSU Quality Assurance/Improvement activities are designed to improve patient care and assure optimal treatment of the patient with acute and chronic renal failure. The purpose of this plan is to define the Quality Assurance/Improvement activities for the unit.

Authority and Responsibility:

The interdisciplinary group includes the following:

- * The Physician Director
- * The Associate Director of Nursing
- * The Nurse Manager
- * The Assistant Nurse Manager
- * The Nurse Coordinator for CAPD
- * The Senior Dialysis Technician
- * The Unit QI Council Chair
- * The Unit Social Worker
- * The Unit Dietician
- * The assigned QA/UR Specialist

Scope of Care:

The DSU provides hemodialysis to patients with acute renal failure and end stage renal disease (ESRD). Continuous ambulatory peritoneal dialysis (CAPD) is provided for a limited number of ESRD patients. Continuous arteriovenous hemofiltration (CAVH) is provided on consultative basis to acute patients on the intensive care units. All age groups are served. This plan is for the adult and pediatric (under 18 years) population.

Delivery of the services is provided in a main hemodialysis unit (C-223 Mayo) for ESRD patients. Acute patients are dialyzed on the intensive care units and CAPD patients receive training while outpatients and receive post discharge follow-up from offices in C-252 Mayo.

Treatment of patients is provided by an interdisciplinary team of health care professionals including board certified nephrologist, dialysis nurses (RNs), social work, nutrition, and principal lab technicians.

The scope of services provided in the DSU includes but is not limited to patients with the following types of diagnoses/conditions:

- * Diabetic nephropathy resulting in ESRD
- * Acute and chronic glomerulonephritis
- * Polycystic disease
- * Nephrotic syndrome
- * Hypertensive nephropathy
- * Hemolytic uremia syndrome
- * Renal insufficiency secondary to intraoperative/postoperative ischemia
- * Pre kidney transplant patients
- * S/P renal transplant ATN
- * And others

Important Aspects of Care:

The important aspects of care for the DSU include but are not limited to the following:

Important Aspect of Care

Indicators

Maintaining the efficiency of hemodialysis

Measurement of following/quarterly:

- * Time Averaged Concentration of Urea (TAC).
- * Residual Clearance measured -
 - a) All new starts
 - b) All chronics annually.
- * Fistula recirculation.

Maintaining the efficiency of CAPD

- * Monitor BUN/CR quarterly.

Treating anemia through EPO administration and P.O. iron

- * Comparison of pre-treatment Hgb and ferritin levels with post-treatment Hgb and ferritin - O/O change within ESRD definitions of stable (every 6 months) or unstable (every month).

Managing complications of hemodialysis

Measurement of the following/ monthly:

- * Frequency of death, chest pain, arrhythmia, arrests, and MI during or immediately after dialysis.
- * Frequency of CNS deficit during or immediately after dialysis.
- * Frequency of septicemia, access infections.
- * Frequency of other access complications.
- * Frequency of pathological fractures.

Important Aspect of Care

Indicators

Managing complications of peritoneal dialysis

Measurement of the following/ monthly:

- * Frequency of peritonitis.
- * Frequency of failed catheters, failure to drain.

Every six months monitoring of water supply

Maintaining water quality

Monthly monitoring for bacteria.

Maintaining fluids and electrolytes

In conjunction with nursing quality improvement.

Minimizing or preventing complications of diabetes

In conjunction with nursing quality improvement.

Thresholds for Evaluation:

Thresholds will be established by the Medical Advisory Committee (MAC) of the DSU based on clinical literature and past experience.

Collecting and Organizing Data:

The data sources that will be used to identify problems and to monitor and evaluate the quality and appropriateness of services provided include but are not limited to the following:

1. Dialysis run record
2. Unit specific data collection forms
3. Concurrent medical record review
4. Medical records database (Corporate)
5. Incident reports
6. Lab data
7. Water quality data
8. CAPD records.

Findings to be Integrated into the Monitoring and Evaluation Process, 1992:

1. Infection Control findings
2. Pharmacy and Therapeutics Committee findings
3. Transfusion and Therapeutics Committee findings
4. Patient complaints
5. Findings from other monitoring and evaluation programs (e.g., MICU Advisory Committee).

A summary of selected clinical indicators for the unit will be completed monthly and forwarded to the intracollaborative group for review. Individual cases requiring review will also be reported on a monthly basis. All monitoring is ongoing and includes all patients treated in the DSU.

Evaluating Care:

A case-by-case analysis will be performed monthly. An analysis of the patterns or trends in the care suggested by the cumulative data will be performed at least quarterly. If a clinical indicator exceeds the established threshold, the care provided will be evaluated to determine whether a problem or opportunity to improve care exists.

Actions to Solve Identified Problems:

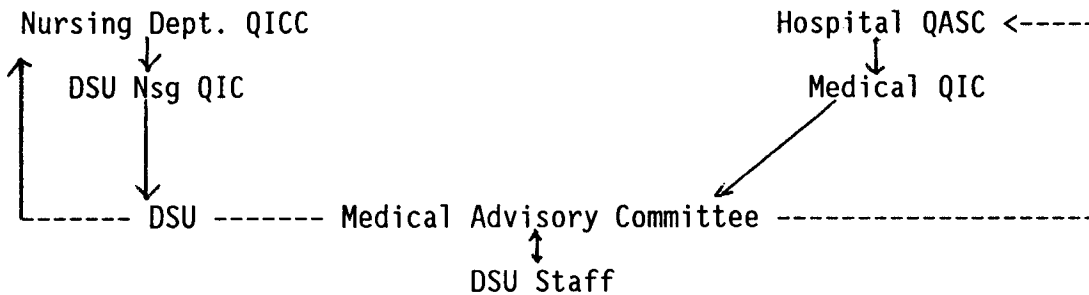
As problems or opportunities for improvement are identified, corrective action measures will be taken as appropriate. A summary of the findings, conclusions, recommendations, actions, and planned follow-up will be recorded on the Monitoring/Evaluation Report Form. (See Monitoring/Evaluation Form.)

Assessment and Documentation of the Effectiveness of Corrective Action Measures:

Assessment of the effectiveness of corrective measures will be carried out through additional monitoring. If, after additional monitoring, the quality or appropriateness of care in the specified area does not improve, then the problem, its cause, and the actions taken to solve it will be reassessed by the intracollaborative group. Additional action will be taken or recommended and the effectiveness of these new actions will be assessed. Follow-up findings and actions will be reported on the Monitoring/Evaluation Form.

Communication and Integration of Quality Assurance Information:

The findings, conclusions, and recommendations, actions and results of the DSU's quality assurance activities will be reported as follows:



As part of QASC's annual review, the effectiveness of the monitoring and evaluation activities of the DSU will be revised as necessary.

Confidentiality:

All data and information acquired and prepared for Quality Assurance activities are strictly confidential and are not considered discoverable or admissible in a court of law (protected under Minnesota State Statute 145.64). This data will be used, disseminated, or published on a need-to-know basis only to the extent required to effectively carry out Quality Assurance activities.

No person shall disclose to any individual, organization, or association, any Quality Assurance information that was discussed at any meeting or other review proceeding, except to the extent required to effectively perform those evaluation activities as set forth in Minnesota State Statute 145.61, Subdivision 5. Obviously, information, documents, or records otherwise available from original sources do not become confidential merely because they were utilized in connection with a Quality Assurance activity. (See Hospital Policy 15.16: Confidentiality Policy for Quality Assurance Information.)

Linnie Nambally

Medical Director, Adult Hemodialysis

Michael Maurer

Medical Director, Ped. Hemodialysis

Julia Boyer

Medical Director, Adult Peritoneal

Thomas Reins MD

Medical Director, Ped. Peritoneal

Jeanne Dick

Chief Executive Officer, ESRD

Jeanne Jacobson

Associate Director of Nursing

Date

2/6/92
4/23/93

Kurt Clayton

Nurse Manager, Dialysis Services

KDU01/91.3nm

**DRAFT CRITERIA
FOR CLINICAL CHIEFS EVALUATION**

- Each Clinical Chief shall be responsible for and shall demonstrate commitment to the fulfillment of the mission of UMHC, and the implementation of the strategic plan of UMHC within his or her clinical department.
- Each Clinical Chief shall be accountable for all professional, clinical, and related administrative activities within his or her service, and shall be responsible in all respects for the implementation of actions and policies set by the Board, the Council of Chiefs of Clinical Services, and the Medical Staff Hospital Council, and for the performance of all functions of Clinical Chiefs as set forth in the UMHC Medical Staff Bylaws.
- Each Clinical Chief shall participate in appropriate administrative and committee processes in order to carry out the objectives of UMHC and the medical staff.
- Each Clinical Chief shall be responsible for the active and successful interaction and liaison between the clinical service, UMHC, UMCA and the Medical School.
- Each Clinical Chief shall conduct his or herself in such a fashion as to promote the positive public image of UMHC, and the clinical service.
- Each Clinical Chief shall be responsible for maintaining a sound administrative clinical organization within his or her service, for promoting the quality of service and the morale of the members of the clinical service, and for demonstrated leadership of the clinical faculty.
- Each Clinical Chief shall be responsible for the continuous monitoring and improvement of the quality of service within the clinical service.

- Each Clinical Chief shall be responsible for compliance with applicable standards, rules, regulations, and protocols relating to research or other regulated activity conducted within the clinical service at UMHC, including but not limited to those promulgated by JCAH, FDA, NIH, and the IRB (Human Subjects Committee).
- Each Clinical Chief shall be responsible for compliance with practice guidelines established for his or her clinical service.
- Each Clinical Chief shall be responsible for the compliance of all members of the clinical service in regard to the standards set forth in this policy.

CQI/TQM EDUCATIONAL OPPORTUNITIES

<u>GROUPS</u>	<u>COMPOSITION</u>	<u>EDUCATIONAL OPTIONS</u>	<u>TIME COMMITMENT</u>	<u>COST</u>
<u>GROUP I</u>	Board of Governors	<u>Educational Videotapes:</u> "Managing Medical Quality: TQM/CQI" Donald Berwick M.D. and Paul Plsek, Institute for Healthcare Improvement	10-20 minutes/session as a part of regular meetings.	\$1850 for 4 tapes (one time cost)
	QM Steering Committee	<u>Nationally Known Physician Spokesperson such as:</u> o Paul Batalden, M.D. Hospital Corp. of America o Donald Berwick, M.D. Institute for Healthcare Improvement o Brent James, M.D. Intermountain Health Care	1-4 Hours	Range: \$3500-5000/day plus expenses
		<u>Corporate Consultants</u> Such as 3M	QM Steering Committee 2 all day sessions (St. Paul)	\$2,150 per person
			Board of Governors: 2 hour session with expectation of purchasing additional educational programs	Free

<u>GROUPS</u>	<u>COMPOSITION</u>	<u>EDUCATIONAL OPTIONS</u>	<u>TIME COMMITMENT</u>	<u>COST</u>
<u>GROUP II</u>	Key Physicians Hospital Directors	<u>Educational Videotapes:</u> "Managing Medical Quality: TQM/CQI" Donald Berwick, M.D. and Paul Plsek, Institute for Healthcare Improvement	10-20 minutes/session as a part of regular meetings.	\$1850 for 4 tapes (one time cost)
		<u>Attend presentation by nationally known spokesperson</u> For details, see Group I	1-4 hours	See Group I for cost
		<u>Corporate Consultants</u> Such as 3M	1 day session	\$300 per person with a a minimum of 20 people
<u>GROUP III</u>	Supervisors Staff	<u>Educational Videotapes:</u> "Managing Medical Quality: TQM/CQI: Same as Groups I-II "Just in Time" Training	10-20 minutes/session as a part of regular Instructed just prior to session (Time Minimal)	Same as Groups I and II Cost of trainers or facilitators time
	<u>GROUP IV</u> Trainers Facilitators	<u>Educational Tapes:</u> Same as for Groups I-III	1-4 hours	See Groups I-III

<u>GROUPS</u>	<u>COMPOSITION</u>	<u>EDUCATIONAL OPTIONS</u>	<u>TIME COMMITMENT</u>	<u>COST</u>
GROUP IV (continued)	Trainers	<u>Workshops:</u> 3M	1 week intensive workshop	\$3,200/person
	Facilitators	Institute for Healthcare Quality	4 day session in in Boston	\$2,175 per person plus accomodations
		Intermountain Health Care	Four, 4 day workshops over 4 consecutive months	\$7,000 for the first person, \$6,500 for the second person \$6,000 for the third person.
		Christopher Behr and Consultants Burlington, Vermont	3 day session. Would come to UMHC.	\$6,000 per session + expenses Up to 45 people per session. 3 or more sessions: \$5,200 per session

**QUALITY MANAGEMENT COMMITTEE
BOARD OF GOVERNORS
Wednesday, June 22, 1994
Bridges Conference Room
10:00 A.M.**

AGENDA

		<u>Page</u>
I.	<u>Approval of the May 25, 1994 Minutes</u>	Approval 16
II.	<u>Discharge Pharmacy Report</u> -Paul Abramowitz	Information
III.	<u>Medical Staff-Hospital Council Report:</u>	
	o Clinical Chiefs Evaluation and Appointment -Robert Maxwell, M.D.	Endorsement/ Consent 18
	o Credentials Committee Recommendations -Robert Maxwell, M.D.	Endorsement/ Consent 23
	o Committee Chair Appointments	Endorsement/ Consent 54
IV.	<u>Home Health Care Services Report</u> -Bev Dorsey	Information
V.	<u>Other Business</u>	
VI.	<u>Adjournment</u>	

QUALITY MANAGEMENT COMMITTEE
 BOARD OF GOVERNORS
 Wednesday, June 23, 1993
 Bridges Conference Room
 10:00 A.M.

AGENDA

		<u>Page</u>
I. <u>Approval of the May 26, 1993 Minutes</u>	Endorsement	1
II. <u>JCAHO Preparation</u>	Discussion	4
-Jean Harris, M.D.		
I.		
III. <u>Medical Staff-Hospital Council Report:</u>		
o Credentials Committee Recommendations	Endorsement	7
o Committee Chair Appointments	Endorsement	41
-Robert Maxwell, M.D.		
IV. Resolution to conduct non-public meeting of the Committee to discuss evaluation of Chiefs of Clinical Services		
V. <u>Clinical Chiefs Appointments</u>	Endorsement	
-Robert Maxwell, M.D.		
-Greg Hart		
VI. <u>Other Business</u>		
VII. <u>Adjournment</u>		

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS
QUALITY MANAGEMENT COMMITTEE

MAY 26, 1993
MINUTES

Attendance

Present: Michael Fay
S. Albert Hanser (Chair)
Greg Hart
Charles Jones

Absent: Kathleen Annette, M.D.
Frank Cerra, M.D.
Roberto Heros, M.D.
Robert Maxwell, M.D.
Donald Sudor

Staff: Giles Caver
Keith Dunder
Jean Harris, M.D.
Shannon Lorbiecki

Guest: Keith Hampton

Call to Order

Mr. Hanser called the meeting to order at 10:03 a.m.

Approval of the April 28, 1993 Minutes

The Quality Management Committee lacked a quorum. The committee members in attendance recommended approval and forwarded the minutes of the April 28, 1993 meeting as submitted.

End Stage Renal Disease Program

Dr. Harris introduced Mr. Hampton to present the proposed changes to the organizational chart of the end stage renal disease program. The changes included (1) replacing Mr. Robert Dickler with Mr. Hart as general director, (2) appointing Dr.

Thomas Nevins as medical director for pediatric dialysis stations, and (3) appointing Dr. Arthur Matas as medical director for renal transplant services. No changes to the program's policies and procedures were requested.

The committee members in attendance recommended approval and forwarded the proposed changes to the organizational chart of the end stage renal disease program.

Performance Evaluation Criteria for Clinical Chiefs

Dr. Harris presented the proposed performance evaluation criteria for the clinical chiefs. The Council of Clinical Chiefs had discussed and had the opportunity to comment on the criteria.

The committee members in attendance recommended approval and forwarded the proposed performance evaluation criteria for the clinical chiefs. The Board of Governors will use the criteria to evaluate and approve the reappointments of the clinical chiefs in June.

UMHC Long Range Strategic Plan

Dr. Harris presented a progress report regarding the internal initiatives of the long range strategic plan. The clinical outcomes initiative responds to buyer demands for evidence of high quality, appropriate care and is intended to identify, evaluate, manage, and improve the clinical outcomes of particular patient populations. The service quality initiative responds to demands for attentive, competent, and friendly service to patients and their families, referring physicians, and one another within the organization. The clinical outcomes and service quality initiatives are progressing and beginning to implement recommended changes. Dr. Disch reported that the cost reduction initiative is proceeding apace. The fiscal year 1994 budget will reflect cuts of \$30 million and an additional \$15 million in cuts have yet to be identified. In this regard, the patient focused care initiative will reorganize staffing and systems to ensure improved service at less expense.

Dr. Harris said the Quality Management Committee will continue to receive regular reports regarding the progress of the internal initiatives of the long range strategic plan.

Quality Improvement Education Plan

Dr. Harris presented the proposed quality improvement education plan. The Joint Commission for the Accreditation of Healthcare Organizations recommends health care providers provide their staffs with formal education programs. The plan outlines educational opportunities in continuous quality improvement and total

quality management for various groups throughout The UMHC, the related time commitments, and the related costs. The total cost is projected to be \$25,000.

The committee members in attendance recommended approval and forwarded the proposed quality improvement education plan.

Adjournment

There being no further business, the meeting was adjourned at 11:16 a.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Giles Cover", with a long horizontal flourish extending to the right.

Giles Cover
Administrative Fellow

JCAHO Preparation Status Report May 21, 1993

Introduction

The administrator responsible for overall JCAHO preparedness is Jean Harris, MD. In March, Nancy McNellis, MA, RN, accepted a temporary appointment as the Program Administrator responsible for communication of information and coordination of efforts throughout the hospital. Additional key people were immediately identified to begin collaborative preparation activities as described briefly below.

JCAHO Survey Team

Team membership consists of leadership staff from departments that have chapters in the Accreditation Manual. Initial reviews of the standards and scoring guidelines occurred in March. Most departments identified needing to work in the following areas:

- * documentation of department and service quality assessment and improvement activities.
- * reviewing and updating policies and procedures.
- * updating job descriptions.
- * educating staff regarding JCAHO expectations, and their responsibilities for a successful survey.
- * performance appraisals.

Mock JCAHO Survey

Hospital administration conducted mock surveys at the end of April. Emphasis was placed on those JCAHO standards and chapters that cross multiple departments:

- * Orientation, Training and Education of Staff
- * Patient and Family Education
- * Responsibilities of Department/Service Directors
- * Quality Assessment and Improvement
- * Plant, Technology, and Safety Management

Issues identified during the Mock Survey that need to be addressed include:

- * storage space to reduce "clutter" in the hallways.
- * education of staff regarding safety (where is the closest fire alarm?), infection control (what do you do if you are exposed to an infectious material?), and quality improvement activities conducted in their areas. Staff also need to be able to articulate policies and standards applicable to them.

It was determined through discussions with leadership staff that some high scores achieved on the mock survey were the result of having identified deficiencies, but anticipated completion of JCAHO preparations prior to the actual survey. The scores do not indicate our actual readiness for Joint Commission at this time.

JCAHO Education Group

Chaired by Susan Jeska, Associate Director, and Suzanne White, Organization Development Specialist, this workgroup is meeting to specifically address the challenging standards in the new Orientation, Training, and Education chapter of the JCAHO manual. Activities to date have focused on:

- * identifying how to assure that all hospital staff are competent to perform their jobs. Components might include records of education and training, licensure, credentialing, performance appraisals, and quality assessment outcomes.
- * movement toward the computerization of individual and group training information.
- * collaboration in publicizing educational opportunities for staff.
- * measuring the effectiveness of educational activities.

Summary

It is my assessment that departments vary in their readiness for the JCAHO survey. Those areas that will require substantial effort and commitment in the above noted areas may need to reprioritize their activities for the short term. I do believe that the necessary systems and resources to meet the challenges can be made available.

N. McNellis
5/21/93

UMHC Accreditation Survey Preparation Plan 1993



February

- Designation of administrative responsibility - Jean Harris, MD

March

- Appointment of JCAHO Program Administrator - Nancy McNellis
- Identification of UMHC's JCAHO Survey Team Members
- Survey team begins bi-weekly meetings to:
 - assess UMHC's survey readiness
 - share information
 - coordinate preparation activities
 - prioritize resources and activities to meet standards
- Begin biennial review of Hospital policies and procedures
- Continue department/service preparation activities: policies, quality improvement activity updates, performance appraisals, job descriptions, program descriptions



April

- Educate Survey Team and department heads regarding standards, emphasizing new chapters
- Mock survey by hospital administrators

May

- Analysis of survey data and reprioritization of preparation activities
- Communicate within UMHC JCAHO survey readiness status

June

- Communications with JCAHO as required
- Ongoing education of hospital personnel regarding JCAHO standards

July

- Submission of JCAHO Survey Application
- Begin review of 1994 JCAHO standards

October

- Educate department/service directors regarding JCAHO survey process and standard scoring
- Mock survey and analysis of results
- Communication of readiness assessment
- Submission of pre-survey materials to JCAHO



November

- Scheduling of JCAHO Survey activities and conferences
- JCAHO SURVEY

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Office of the Chief of Staff

*Box 707
Harvard Street at East River Parkway
Minneapolis, MN 55455
612-626-1945*

June 10, 1993

TO: Quality Management Committee
FROM: Robert E. Maxwell, M.D., Chief of Staff
Chairman, Medical Staff-Hospital Council
SUBJECT: Credentials Committee Report and Recommendations

The Medical Staff-Hospital Council endorsed the attached Credentials Committee Report and Recommendations on June 8. Included in this report is the reappointment of Medical Staff in Unit I for the years 1993-1995.

I am forwarding these recommendations to you for your review and consideration on June 17. Following your consideration of these recommendations, please forward them to the Board of Governors for approval on June 23.

REM/cf
Attachment

reapt/QMLETI

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

June 4, 1993

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

The Credentials Committee having considered medical staff in Unit I eligible for reappointment for 1993 through 1995, hereby recommend all those included in the Credentials Committee report (pages 1-13) for reappointment to the medical staff, applications in progress - reappointment and privileges extended 30 days (page 14), and recommendations for non-reappointment of medical/dental staff (page 15).

Also included are the Credentials Committee's recommendations for regular medical staff appointments (page 16); addition and/or deletion of clinical privileges (pages 17-28); joint appointment and clinical privileges (page 29); change in staff category (page 29); provisional medical staff appointments (page 30); resignations from the medical staff (pages 31-32).

HB/cf
Attachment

REAPT/MS.1

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

ANESTHESIOLOGY

ANDERSON, JAMES V.	Attending Staff	
ANDERSON, WILLIAM W.	Attending Staff	
BEEBE, DAVID S.	Attending Staff	
BELANI, KUMAR G.	Attending Staff	
CAMERON, CALVIN B.	Attending Staff	
GAUTHIER, ROBERT L.	Attending Staff	
GILMOUR, IAN J.	Attending Staff	
GOLD, BARBARA S.	Attending Staff	
JACKSON, JOHN M.	Attending Staff	
KEHLER, CHRIS H.	Attending Staff	
KOEHNTOF, DOUGLAS	Attending Staff	
LARSEN, RUSSELL	Attending Staff	
LIAO, JI-CHIA	Attending Staff	
LO, JOSEPHINE N.	Attending Staff	
MOLINARI, PAUL S.	Attending Staff	
PALAHNIUK, RICHARD J.	Attending Staff	
STUCKEY, MARK W.	Attending Staff	
SWEENEY, MICHAEL F.	Attending Staff	

PEDIATRICS

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

DERMATOLOGY

BART, BRUCE J.	Clinical Staff	
BAYRD, GARRETT T.	Clinical Staff	
BENDER, MITCHELL E.	Clinical Staff	
BLOOM, KENNETH E.	Attending Staff	
DAHL, MARK V.	Attending Staff	
FENYK, JOHN	Clinical Staff	
HORDINSKY, MARIA D.	Attending Staff	
LYNCH, PETER J.	Attending Staff	
MEIGHAN, MARY E.	Attending Staff	
PETERSON, WILLARD C.	Clinical Staff	
PRAWER, STEVEN E.	Clinical Staff	
REST, ELLEN	Attending Staff	
SMITH, JANELLEN	Clinical Staff	
VANCE, J. CORWIN	Attending Staff	
ZACHARY, CHRISTOPHER	Attending Staff	
ZELICKSON, ALVIN S.	Clinical Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

HOSPITAL DENTISTRY

BAKER, JAMES L.	Clinical Staff	
BETTES, MARK W.	Clinical Staff	
BEVIS, RICHARD R.	Attending Staff	
BUNGUM, CHARLES F.	Clinical Staff	
COLE, SANDRA J.	Attending Staff	
DERR, ROBERT E.	Clinical Staff	
DIEHL, RICK L	Attending Staff	
EVENSEN, BRIAN T.	Clinical Staff	
FORD, RICHARD T.	Attending Staff	
FRICTON, JAMES R.	Attending Staff	
GATTO, DANIEL J.	Clinical Staff	
GOODKIND, RICHARD J.	Clinical Staff	
GORLIN, ROBERT J.	Attending Staff	
GRAYDEN, JOSEPH M.	Attending Staff	
HERZBERG, MARK C.	Attending Staff	
HINRICHS, JAMES E.	Clinical Staff	
HOLTE, NORMAN O.	Emeritus Staff	
KWON, PAUL H.	Clinical Staff	
LARSON, THOMAS D.	Clinical Staff	
OLIVER, RICHARD C.	Attending Staff	
ORR, TERRY G.	Clinical Staff	
PIHLSTROM, BRUCE L.	Attending Staff	
RAHIMI, ABDOLLAH	Clinical Staff	
RHODUS, NELSON L.	Attending Staff	
SCHREINER, JAMES E.	Attending Staff	
SCHULTE, HERBERT W.	Attending Staff	
SELF, KARL D.	Attending Staff	
SLETTEN, PAUL G.	Clinical Staff	
SWIFT, JAMES Q.	Attending Staff	
TILL, MICHAEL J.	Attending Staff	
VICKERS, ROBERT	Attending Staff	
WALKER, PAUL O.	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

FAMILY PRACTICE
AND COMMUNITY HEALTH

ALLEN, SHARON SMITH	Clinical Staff	
BOSTICK, ROBERD M.	Attending Staff	
BOULT, CHARLES E.	Attending Staff	
CHRISTIANSON, R. CRAIG	Clinical Staff	
CIRIACY, EDWARD W.	Attending Staff	
CONNOLLY, JOSEPH P.	Emeritus Staff - without privileges	
CURRENT, DAVID C.	Clinical Staff	
DALY, MICHAEL L.	Attending Staff	
FEIST, RICHARD J.	Attending Staff	
FONTAINE, PATRICIA C.	Attending Staff	
GEPNER, GREGORY J.	Clinical Staff	
HALVORSEN, JOHN G.	Attending Staff	
JACOTT, WILLIAM E.	Attending Staff	
KEENAN, JOSEPH M.	Attending Staff	
KELLY, JOHN T.	Attending Staff	
LINDBLOM, MAURICE L.	Attending Staff	
MCCONNELL, JOHN W.	Attending Staff	
O'NEIL, BERNERD L.	Attending Staff	
SATTERFIELD, SHARON	Attending Staff	
SEIM, HAROLD C.	Attending Staff	
VARGAS, ANGELA M.	Attending Staff	
VERBY, JOHN E.	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
MEDICINE		
ANDRES, CHARLES W.	Attending Staff	
AZAR, SILVIA H.	Attending Staff	
BACHE, ROBERT J.	Attending Staff	
BANK, ALAN J.	Attending Staff	
BANTLE, JOHN	Attending Staff	
BARBOSA, JOSE	Attending Staff	
BENDITT, DAVID	Attending Staff	
BITTERMAN, PETER B.	Attending Staff	
BLOOMER, JOSEPH R.	Attending Staff	
BLUMENTHAL, MALCOLM	Clinical Staff	
BOND, JOHN H.	Clinical Staff	
CAHILL, BARBARA	Attending Staff	
COHN, JAY N.	Attending Staff	
COLLINS, TERESE M.	Attending Staff	
DANIELS, BARBARA S.	Attending Staff	
DENES, PABLO	Clinical Staff	
DUANE, WILLIAM C.	Clinical Staff	
EGGERT, JOHN F.	Attending Staff	
FABER-LANGENDOEN, KATHY	Attending Staff	
FERRIS, THOMAS F.	Attending Staff	
FLACK, JOHN M.	Attending Staff	
FOX, JOAN M.K.	Attending Staff	
FRANCIS, GARY S.	Attending Staff	
FREIBERG, MARK	Attending Staff	
FULLER, BENJAMIN	Emeritus Staff - without privileges	
GAULT, N. L.	Attending Staff	
GILBERSTADT, MARK L.	Attending Staff	
GINDER, GORDON D.	Attending Staff	
GLICKSTEIN, SCOTT L.	Clinical Staff	
GOETZ, FREDERICK C.	Attending Staff	
GOODMAN, JESSE L.	Attending Staff	
HAIDET, GEORGE C.	Attending Staff	
HALVERSON, PHILIP C.	Clinical Staff	
HAMMERSCHMIDT, DALE	Attending Staff	

continued....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

MEDICINE

HARMON, KEITH R.	Attending Staff
HEBBEL, ROBERT P.	Attending Staff
HENKE, CRAIG A.	Attending Staff
HENRY, TIMOTHY D.	Clinical Staff
HERTZ, MARSHALL I.	Attending Staff
HIRSCH, ALAN T.	Attending Staff
HOMANS, DAVID C.	Attending Staff
HOSTETTER, THOMAS H.	Attending Staff
HOWE, ROBERT	Attending Staff
HUNNINGHAKE, DONALD	Attending Staff
HURLEY, RANDOLPH W.	Attending Staff
INGBAR, DAVID H.	Attending Staff
JACOB, HARRY S.	Attending Staff
JOHNSON, JAMES R.	Attending Staff
JORDAN, M. COLIN	Attending Staff
KELLY, JOSEPH R.	Clinical Staff
KENNEDY, B.J.	Attending Staff
KEY, NIGEL S.	Attending Staff
KIANG, DAVID T.	Attending Staff
KING, MELISSA B.	Attending Staff
KING, RICHARD	Attending Staff
KUBO, SPENCER H.	Attending Staff
KVASNICKA, JOHN H.	Attending Staff
LAXSON, DAVID D.	Attending Staff
LERNER, IRVING	Clinical Staff
LIMAS, CONSTANTINOS	Attending Staff
LITTLE, JANE A.	Attending Staff
LUIKART, SHARON D.	Attending Staff
LURIE, KEITH G.	Attending Staff
MANSKE, CONNIE L.	Attending Staff
MARIASH, CARY N.	Attending Staff
MARINELLI, WILLIAM	Attending Staff
MCCOLLISTER, ROBERT	Attending Staff

continued....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

MEDICINE

MCGLAVE, PHILIP	Attending Staff	
MEIER, PETER	Clinical Staff	
MERYHEW, NANCY L.	Attending Staff	
MESSNER, RONALD P.	Attending Staff	
MILLER, JEFFREY S.	Attending Staff	
MILLER, WESLEY	Attending Staff	
MILSTEIN, SIMON	Attending Staff	
MURRAY, M.J.	Attending Staff	
NATH, KARL A.	Attending Staff	
NIKNAM, JAMSHID	Attending Staff	
OPPENHEIMER, JACK H.	Attending Staff	
PALLER, MARK S.	Attending Staff	
PEDERSON, JANE C.	Attending Staff	
PENTEL PAUL R.	Clinical Staff	
PETERSON, BRUCE	Attending Staff	
PLIMPTON, DAVID	Clinical Staff	
RADFORD, JAMES E.	Attending Staff	
RAINES, JOHN R.	Attending Staff	
RANK, JEFFREY M.	Attending Staff	
RHAME, FRANK S.	Attending Staff	
ROBERTSON, R. PAUL	Attending Staff	
ROSENBERG, MARK E.	Attending Staff	
SABATH, LEON D.	Attending Staff	
SEAQUIST, ELIZABETH R.	Attending Staff	
SKUBITZ, KEITH M.	Attending Staff	
SLUNGAARD, ARNE	Attending Staff	
SOLTIS, RONALD D.	Attending Staff	
SVEUM, RICHARD J.	Clinical Staff	
SWENSON, LYLE J.	Clinical Staff	
TOBIAN, LOUIS	Attending Staff	

LABORATORY MED & PATH

continued....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

MEDICINE

TUNA, NAIP	Attending Staff	
UHLMAN, DOROTHY L.	Attending Staff	
ULSTAD, VALERIE K.	Attending Staff	
VENNES, JACK A.	Clinical Staff	
VERCELLOTTI, GREGORY	Attending Staff	
VERFAILLIE, CATHERINE M.	Attending Staff	
WANG, YANG	Attending Staff	
WANGSNESS, JOHN A.	Clinical Staff	
WATSON, KATHLEEN V.	Attending Staff	
WEISDORF, DANIEL J.	Attending Staff	
WHITE, CARL W.	Attending Staff	
WIESNER, GEORGIA L.	Attending Staff	
WILSON, ROBERT F.	Attending Staff	
WINCHELL, PAUL C.	Emeritus Staff - without privileges	
WINKELMANN, JOHN C.	Attending Staff	
WOOLLEY, ANTHONY C.	Attending Staff	
YAKSHE, PAUL N.	Attending Staff	
ZIMMER, STEVAN D.	Attending Staff	
ZOSCHKE, DAVID C.	Clinical Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
NEUROLOGY		
BIRNBAUM, GARY	Attending Staff	
DAY, JOHN W.	Attending Staff	
FIOL, MIGUEL E.	Clinical Staff	
GATES, JOHN R.	Clinical Staff	
GOMEZ, CHRISTOPHER M.	Attending Staff	
GROSS, ROBERT A.	Attending Staff	
GUMNIT, ROBERT J.	Attending Staff	
IADECOLA, COSTANTINO	Attending Staff	
KENNEDY, WILLIAM R.	Attending Staff	
KLASSEN, ARTHUR C.	Attending Staff	
KNOPMAN, DAVID	Attending Staff	
LEPPIK, ILO E.	Attending Staff	
LOCKMAN, LAWRENCE A.	Attending Staff	PEDIATRICS
MAISTER, BENARD H.	Clinical Staff	
MORIARTY, JAMES A.	Attending Staff	
PRICE, RICHARD W.	Attending Staff	
RESCH, JOSEPH A.	Emeritus Staff - without privileges	
RISINGER, MICHAEL W.	Clinical Staff	
ROSS, M. ELIZABETH	Attending Staff	
SCHAPIRO, RANDALL T.	Clinical Staff	
SCHUT, LAWRENCE J.	Clinical Staff	
SHER, PHYLLIS K.	Attending Staff	PEDIATRICS
SMITH, STEPHEN A.	Clinical Staff	
SWAIMAN, KENNETH F.	Attending Staff	PEDIATRICS
TORRES, FERNANDO	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

NEUROSURGERY

AHLBERG, DANIEL B.	Clinical Staff	
CHOU, SHELLEY N.	Emeritus Staff	
COX, CHRISTINE M.	Attending Staff	
DYSTE, GREGG N.	Clinical Staff	
ERICKSON, DONALD L.	Attending Staff	
FRENCH, LYLE A.	Emeritus Staff	
HAINES, STEPHEN J.	Attending Staff	
HALL, WALTER A.	Attending Staff	
HEROS, ROBERTO C.	Attending Staff	
MAXWELL, ROBERT E.	Attending Staff	
ROCKSWOLD, GAYLAN L.	Clinical Staff	
SELJESKOG, EDWARD L.	Attending Staff	
WISIOL, ERICH S.	Clinical Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

OBSTETRICS AND GYNECOLOGY

ADCOCK, LEON	Attending Staff	
CARLSON, JAY W.	Attending Staff	
CARSON, LINDA F.	Attending Staff	
CRUIKSHANK, STEPHEN	Clinical Staff	
FARB, HARRY F.	Clinical Staff	
FARR, JOHN D.	Clinical Staff	
FEHR, PETER E.	Clinical Staff	
FOWLER, JEFFREY M.	Attending Staff	
JOSEPH, MARILYN S.	Attending Staff	
LAVALLEUR, JUNE	Attending Staff	
LEVINE, HOWARD M.	Clinical Staff	
NORDLAND, ROBERT	Clinical Staff	
OLSON, HARDIN E.	Attending Staff	
SLOSSER, GAIUS J.	Clinical Staff	
STASSART, JACQUES P.	Attending Staff	
TAGATZ, GEORGE E.	Attending Staff	
TWIGGS, LEO B.	Attending Staff	
WILLIAMS, PRESTON P.	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

OPHTHALMOLOGY

BALLES, MARK W.	Attending Staff	
BENNETT, STEVEN R.	Clinical Staff	
BROWN, J. DAVID	Clinical Staff	
CAMERON, J. DOUGLAS	Attending Staff	
CANTRILL, HERBERT L.	Clinical Staff	
CARPEL, EMMETT F.	Clinical Staff	
DOUGHMAN, DONALD	Attending Staff	
EGBERT, JAMES E.	Attending Staff	
HOLLAND, EDWARD J.	Attending Staff	
KNOBLOCH, WILLIAM H.	Attending Staff	
KRACHMER, JAY HAROLD	Attending Staff	
LETSON, ROBERT D	Attending Staff	
NELSON, JOHN DANIEL	Attending Staff	
NICHOLS, DAN A.	Clinical Staff	
RAMSAY, ROBERT C.	Clinical Staff	
RUBENFELD, MARIAN R.	Clinical Staff	
RYAN, EDWIN H.	Attending Staff	
SUMMERS, CAROLE GAIL	Attending Staff	
TANI, GEORGE T.	Clinical Staff	
WIRTSCHAFTER, JONATHAN	Attending Staff	
WRIGHT, MARTHA M.	Attending Staff	

NEUROLOGY

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1993 - June 30, 1995

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

UROLOGY

BERKSETH, ROBERT O.	Clinical Staff	
BORKON, WILLIAM D.	Clinical Staff	
ERCOLE, CESAR J.J.	Attending Staf	
FISHER, ROBERT D.	Clinical Staff	
FRALEY, ELWIN E.	Attending Staff	
GLEICH, WALTER P.	Clinical Staff	
GONZALEZ, RICARDO	Attending Staff	
HAIKEL, GEORGE A.	Clinical Staff	
HOPPMANN, HAROLD J.	Clinical Staff	
HULBERT, JOHN C.	Attending Staff	
KAPOOR, DEEPAK AMRIT	Clinical Staff	
KAYE, KEITH W.	Clinical Staff	
MAYERSAK, JEROME S.	Clinical Staff	
MCELLISTREM, GERALD	Clinical Staff	
ORTLIP, STEPHEN A.	Clinical Staff	
PINTO, MARCOS H.	Clinical Staff	
PRYOR, JON L.	Attending Staff	
REDDY, PRATAP K.	Attending Staff	
SCHWARTZ, STEVEN	Clinical Staff	
SMITH, CHARLES L.	Clinical Staff	
SOUCHERAY, JOHN A.	Clinical Staff	
ZHANG, KEVIN	Clinical Staff	

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Applications in Progress - Reappointment and Privileges Extended
for 30 Days Pending Clarification fo Application

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

HOSPITAL DENTISTRY

ELDEEB, MOHAMED

Attending Staff

OBSTETRICS AND GYNECOLOGY

PREM. KONALD A.

Attending Staff

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Non-reappointment
of Medical/Dental Staff Appointments

NO REAPPRAISAL REAPPOINTMENT APPLICATION SUBMITTED

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
HOSPITAL DENTISTRY		
LABELLE, RONALD E.	Clinical Staff	
MEDICINE		
ALBRECHT, JEFFREY	Attending Staff	
DAVIES, SCOTT F.	Clinical Staff	
MORRISON, VICKI A.	Attending Staff	
RIDLEY, DAVID J.	Clinical Staff	
NEUROLOGY		
RITTER, FRANK J.	Attending Staff	

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Regular Medical/Dental Appointments

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>DATE ELIGIBLE</u>
LABORATORY MEDICINE AND PATHOLOGY		
GOSWITZ, JOSEPH J.	Attending Staff	April 28, 1993
MEDICINE		
BACANER, NINA R.	Attending Staff	April 28, 1993
CHEPURI, VINAYA B.	Attending Staff	April 28, 1993
CONNELLY, TERENCE P.	Attending Staff	April 28, 1993
ENRIGHT, HENEN U.	Attending Staff	April 28, 1993
GREATENS, TODD M.	Attending Staff	April 28, 1993
KLOS, STEVEN E.	Attending Staff	April 28, 1993
MCDONALD, KENNETH M.	Attending Staff	April 28, 1993
NIKNAM, JAMSHID	Attending Staff	November 27, 1992
OLSON, CAROL A.	Attending Staff	April 28, 1993
REDMON, JAMES B.	Attending Staff	April 28, 1993
SAKAGUCHI, SCOTT	Attending Staff	April 28, 1993
SANDERS, KARL A.	Attending Staff	April 28, 1993
WENDT, CHRISTINE, H.	Attending Staff	April 28, 1993
NEUROLOGY		
CORBOY, JOHN R.	Attending Staff	April 28, 1993
HANSON, SANDRA K.	Clinical Staff	April 28, 1993
PETERSON, KENDRA	Attending Staff	April 28, 1993
OBSTETRICS AND GYNECOLOGY		
HARTENBACH, ELLEN M.	Attending Staff	April 28, 1993
PEDIATRICS		
HAUER, JULIE M.	Attending Staff	April 28, 1993
KUSTER, LORI A.	Attending Staff	April 28, 1993
SENCER, SUSAN F.	Clinical Staff	April 28, 1993
WEISS, ANNE L.	Attending Staff	April 28, 1993
ZEKOWSKI, STEVEN C.	Clinical Staff	April 28, 1993
PHYSICAL MEDICINE AND REHABILITATION		
WEBER, MARILYN S.	Attending Staff	April 28, 1993
PSYCHIATRY		
CROW, SCOTT J.	Attending Staff	April 28, 1993

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
HOSPITAL DENTISTRY		
BAKER, JAMES L. ADD: new privileges form--no changes	Clinical Staff	
BETTES, MARK W. ADD: new privileges form--no changes	Clinical Staff	
BEVIS, RICHARD R. ADD: new privileges form--no changes	Attending Staff	
BUNGUM, CHARLES F. ADD: new privileges form--no changes	Clinical Staff	
COLE, SANDRA J. ADD: new privileges form--no changes	Attending Staff	
DERR, ROBERT E. ADD: new privileges form--no changes	Clinical Staff	
DIEHL, RICK L. ADD: new privileges form--no changes	Attending Staff	
EVENSEN, BRIAN T. ADD: new privileges form--no changes	Clinical Staff	
FORD, RICHARD T. ADD: new privileges form--no changes	Attending Staff	
FRICTON, JAMES R. ADD: new privileges form--no changes	Attending Staff	
GATTO, DANIEL J. ADD: new privileges form--no changes	Clinical Staff	
GOODKIND, RICHARD J. ADD: new privileges form--no changes	Clinical Staff	
GORLIN, ROBERT J. ADD: new privileges form--no changes	Attending Staff	
GRAYDEN, JOSEPH M. ADD: new privileges form--no changes	Attending Staff	
HERZBERG, MARK C. ADD: new privileges form--no changes	Attending Staff	

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
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HOSPITAL DENTISTRY

HINRICHS, JAMES E.	Clinical Staff	
ADD: use of guided tissue regenerative materials (GoreTex) for repair of alveolar bone defects; surgical placement and uncovering of dental implants.		

HOLTE, NORMAN O.		Emeritus Staff
ADD: new privileges form--no changes		

KWON, PAUL H.	Clinical Staff	
ADD: new privileges form--no changes		

LARSON, THOMAS D.	Clinical Staff	
ADD: new privileges form--no changes		

OLIVER, RICHARD C.	Attending Staff	
ADD: new privileges form--no changes		

ORR, TERRY G.	Clinical Staff	
ADD: new privileges form--no changes		

PIHLSTROM, BRUCE L.	Attending Staff	
ADD: General: clinical diagnosis of hard and soft tissue lesions in oral and maxillofacial region; radiographic interpretation of oral cavity lesions; radiographic interpretation of oral and maxillofacial lesions; medical management of patients with oral disease; surgical management of patients with oral disease. Prosthodontic and Restorative Dentistry: dental restorations of cariously or otherwise altered teeth; dental restoration recementation; temporary or sedative restoration insertion; fabrication and application of all types of splints and other fixed and/or removable appliances to the dentition. Periodontics: scaling and root planing (per quadrant); scaling and root planning in the presence of gingival inflammation; gingival flap procedures and osseous contouring of mandibular and maxillary alveolous; crown lengthening: hard and soft tissue; gingivectomy; autogenous and/or allogenic and/or alloplastic bone grafting to the mandibular and maxillary alveolous; use of guided tissue regeneration material (e.g. Gore-Tex) in oral cavity; gingival or mucosal grafting including obtaining of the graft; mucogingival surgery; periodontal maintenance procedures; orthodontic splinting. Dentoalveolar/Pre-Prosthetic Surgery: extraction of teeth; frenectomy. Pediatric Dentistry: periodontal therapy in primary, permanent or mixed dentition; oral prophylaxis; extraction of erupted primary or permanent teeth. Preventive Services: prophylaxis and application of fluoride. Biopsies: soft tissue incisional biopsy; soft tissue excisional biopsy; hard tissue incisional biopsy; hard tissue excisional biopsy. Infections: medical management of minor odontogenic and/or maxillofacial infections. Fractures/Trauma: repair of intraoral lacerations. TMJ/Facial Pain: splint therapy for TMJ		

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
HOSPITAL DENTISTRY		
RAHIMI, ABDOLLAH ADD: new privileges form--no changes	Clinical Staff	
RHODUS, NELSON L. ADD: new privileges form--no changes	Attending Staff	
SCHREINER, JAMES E. ADD: General: radiographic interpretation of oral and maxillofacial lesions. Prosthodontic and Restorative Dentistry: dental restoration recementation; fabrication and application of all types of splints and other fixed and/or removable appliances to the dentition; shielding apparatus construction; rebase and reline of dental prostheses; restoration of dental implants; maxillofacial prostheses reconstruction. Periodontics: scaling and root planing (per quadrant); scaling and root planing in the prsence of gingival inflamation; orthodontic splinting. Dentoalveolar/Pre-Prosthetic Surgery: extraction of teeth. Pediatric Dentistry: oral prophylaxis; insertion of fixed and removable prostheses in primary and mixed dentition; home care instruction to patient and parent/guardian. Preventive Services: prophylaxis and application of fluoride. TMJ/Facial Pain: physical therapy medicine procedures; trigeminal nerve block.	Attending Staff	
SCHULTE, HERBERT W. ADD: new privileges form--no changes	Attending Staff	
SELF, KARL ADD: new privileges form--no changes	Attending Staff	
SLETTEN, PAUL G. ADD: new privileges form--no changes	Clinical Staff	
SWIFT, JAMES Q. ADD: new privileges form--no changes	Attending Staff	
TILL, MICHAEL J. ADD; new privileges form--no changes	Attending Staff	
VICKERS, ROBERT A. ADD: new privileges from--no changes	Attending Staff	
WALKER, PAUL. O. ADD: new privileges form--no changes		

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
MEDICINE		
AZAR, SILVIA H. ADD: new privileges form--no changes	Attending Staff	
BANTLE, JOHN P. ADD: new privileges form--no changes	Attending Staff	
BARBOSA, JOSE J.F. ADD: Endocrinology: needle fat biopsies in gluted areas(research procedure).	Attending Staff	
BENDITT, DAVID G. ADD: Cardiology: thoracentesis	Attending Staff	
BITTERMAN, PETER ADD: General Medicine: I.V. sedation for procedures; nasogastric intubation and lavage; treatment of drug overdose. Pulmonary: swan ganz catheterization.	Attending Staff	
BLOOMER, JOSEPH ADD: General Medicine: arterial puncture; thoracentesis (aspiration only); I.V. sedation for procedures; simple abscess incision and drainage; treatment of drug overdose; anterior nasal pack for hemorrhage	Attending Staff	
CAHILL, BARBARA ADD: General Medicine: central line placement; joint aspiration and injection excluding the hip joint; lumbar puncture; I.V. sedation for procedures; anoscopy; simple abscess incision and drainage; nasogastric intubation and lavage; treatment of drug overdose; anterior nasal pack for hemorrhage. Pulmonary: bronchograms; cardiopulmonary stress testing; endotracheal intubation.	Attending Staff	
COLLINS, TERESE M. ADD: new privileges form--no changes	Attending Staff	
DANIELS, BARBARA ADD: General Medicine: arterial puncture; thoracentesis (aspiration only); abdominal paracentesis; managing patients in intensive care unit; lumbar puncture; I.V. sedation for procedures; simple abscess incision and drainage; nasogastric intubation and lavage; treatment of drug overdose. Nephrology: central and femoral venous catheter placement; needle biopsy of paracentesis.	Attending Staff	
EGGERT, JOHN F. ADD: General Medicine: central line placement; simple abscess incision and drainage; nasogastric intubation and lavage. Rheumatology: cytotoxic drug therapy by protocol; injection-triggerpoint, tendon, ganglion, or bursa; joint lavage; nail fold capillarscopy; needle biopsy of-synovium, muscle; synovial fluid crystal exam/polorizing light.	Attending Staff	

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
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MEDICINE

FERRIS, THOMAS	Attending Staff	
ADD: General Medicine: central line placement; arterial puncture; thoracentesis (aspiration only); abdominal paracentesis; joint aspiration and injection excluding the hip joint; lumbar puncture; I.V. sedation for procedures; anoscopy; simple abscess incision and drainage; nasogastric intubation and lavage; treatment of drug overdose; anterior nasal pack for hemorrhage.		
FLACK, JOHN M.	Attending Staff	
ADD: General Medicine: thoracentesis; managing patients in the intensive care unit; manage blood transfusions; simple abscess incision and drainage; nasogastric intubation and lavage; Foley catheterization of the bladder; treatment of drug overdose.		
FOX, JOAN M.K.	Attending Staff	
ADD: General Medicine: arterial puncture. Pulmonary Diseases: cardiopulmonary stress testing; swan ganz catheterization		
FRANCIS, GARY	Attending Staff	
ADD: Cardiology: ECG interpretation		
GAULT, N. L.	Attending Staff	
ADD: new privileges form--no changes		
GILBERSTADT, MARK L.	Attending Staff	
ADD: new privileges form--no changes		
GINDER, GORDON	Attending Staff	
ADD: General Medicine: arterial puncture; I.V. sedation for procedures; anoscopy; nasogastric intubation and lavage; treatment of drug overdose. Oncology: arterial catheter, percutaneous; hormone response testing; hickman catheter removal.		
HENKE, CRAIG	Attending Staff	
ADD: General Medicine: joint aspiration and injection excluding the hip joint; I.V. sedation for procedures; anoscopy; simple abscess incision and drainage; nasogastric intubation and lavage; treatment of drug overdose; anterior nasal pack for hemorrhage.		

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

MEDICINE

HEBBEL, ROBERT P. Attending Staff
ADD: new privileges form--no changes

HERTZ, MARSHALL Attending Staff
ADD: General Medicine: I.V. sedation for procedures; treatment of drug overdose. Pulmonary: thoracentesis - aspiration and chemotherapy, pleural biopsy, chest tube insertion.

HIRSCH, ALAN Attending Staff
ADD: new privileges form-no changes

HOWE, ROBERT Attending Staff
ADD: General Medicine: simple abscess incision and drainage; nasogastric intubation and lavage.

HUNNINGHAKE, DONALD B. Attending Staff
DELETE: needle biopsy of liver; paracentesis- diagnostic abdominal tap, therapeutic decompression; peritoneal dialysis; sigmoidoscopy and biopsy; therapy of diabetic coma; therapy of hepatic failure; thoracentesis-aspiration only; venous pressure and circulation time.

INGBAR, DAVID Attending Staff
ADD: General Medicine: I.V. sedation for procedures; anoscopy; simple abscess incision and drainage; treatment of drug overdose.

JACOB, HARRY Attending Staff
ADD: General Medicine: central line placement; arterial puncture; abdominal paracentesis; joint aspiration and injection excluding the hip joint; simple abscess incision and drainage; nasogastric intubation and lavage.

JOHNSON, JAMES R. Attending Staff
ADD: anoscopy.
DELETE: EKG interpretation; arthrocentesis.

KENNEDY, BYRL J. Attending Staff
ADD: General Medicine: I.V. sedation for procedures; simple abscess incision and drainage; treatment of drug overdose. Oncology: biopsy ulcerated tumors; hormone response testing; incision and drainage of abscess; infusion pump filling.

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
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MEDICINE

KEY, NIGEL	Attending Staff	
ADD: General Medicine: thoracentesis (aspiration only); abdominal paracentesis; I.V. sedation for procedures; anoscopy; simple abscess incision and drainage; nasogastric intubation and lavage. Hematology/Oncology: infusion pump filling; thoracentesis - aspiration and chemotherapy.		
KIANG, DAVID	Attending Staff	
ADD: General Medicine: simple abscess incision and drainage; nasogastric intubation and lavage; treatment of drug overdose; anterior nasal pack for hemorrhage. Oncology: hormone response testing; incision and drainage of abscess; infusion pump filling; hickman catheter removal; lumbar puncture, chemotherapy; needle biopsy of tumor; skin biopsy.		
KING, MELISSA	Attending Staff	
ADD: General Medicine: abdominal paracentesis; I.V. sedation for procedures; nasogastric intubation and lavage; treatment of drug overdose. Pulmonary: swan ganz catheterization.		
KING, RICHARD	Attending Staff	
ADD: General Medicine: skin biopsy.		
LAXSON, DAVID D.	Attending Staff	
ADD: percutaneous coronary angioplasty - laser: excimer		
LERNER, IRVING J.	Clinical Staff	
ADD: new privileges form--no changes		
LIMAS, CONSTANTINOS	Attending Staff	
ADD: new privileges form--no changes		
LUIKART, SHARON D.	Attending Staff	
ADD: Oncology: arterial catheter, percutaneous; cancer chemotherapy intrarterial; cancer chemotherapy, intracavity; central venous catheter, percutaneous; CNS chemotherapy, ommaya shunt chemotherapy; hormone response testing; hickman catheter removal; lumbar puncture, chemotherapy.		
LURIE, KEITH	Attending Staff	
ADD: new privileges form-no changes		
MANSKE, CONNIE L.	Attending Staff	
ADD: new privileges form--no changes		

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

MEDICINE

MARIASH, CARY N. Attending Staff
ADD: Endocrinology: thin needle aspiration of thyroid; radio-isotope dosing for thyroid disease; therapy with external insulin infusion pump; dynamic endocrine testing: ACTH stimulation test, TRH stimulation test, metyrapone test, dexamethasone suppression test, water deprivation test, insulin induced hypoglycemia, growth hormone response testing, GnRH infusion therapy.

MCCOLLISTER, ROBERT Attending Staff
ADD: new privileges form--no changes

MCGLAVE, PHILIP Attending Staff
ADD: General Medicine: I.V. sedation for procedures.

MEIER, PETER B. Clinical Staff
ADD: new privileges form--no changes

MERYHEW, NANCY L. Attending Staff
ADD: General Medicine: I.V. sedation for procedures; simple abscess incision and drainage; nasogastric intubation and lavage; treatment of drug overdose. Rheumatology: cytotoxic drug therapy by protocol; injection-triggerpoint, tendon, ganglion, or bursa; joint lavage; nail fold capillarscopy; synovial fluid crystal exam-polarizing light.

MILLER, JEFFREY Attending Staff
ADD: General Medicine: central line placement; I.V. sedation for procedures; simple abscess incision and drainage. Hematology/Oncology: infusion pump filling.

MILLER, WESLEY J. Attending Staff
ADD: new privileges form--no changes
DELETE: cardiac monitoring, cardioversion, electrocardiographic interpretation, exophageal tamponade with Senstaken tube, small intestine intubation, therapy of cardiac failure, therapy of diabetic coma, therapy of hepatic failure, therapy of renal failure, I and D abscess, laceration repair.

NATH, KARL A. Attending Staff
ADD: new privileges form--no changes

OPPENHEIMER, JACK Attending Staff
ADD: Endocrinology: radio-isotope dosing for thyroid disease; dynamic endocrine testing - ACTH stimulation test, TRH stimulation test, metyrapone test, dexamethasone suppression test; water deprivation test; insulin induced hypoglycemia; growth hormone response testing.

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

MEDICINE

- PALLER, MARK S. Attending Staff
 ADD: General Medicine: arterial puncture; thoracentesis (aspiration only); abdominal paracentesis; lumbar puncture; I.V. sedation for procedures; treatment of drug overdose. Nephrology: needle biopsy of paracentesis.
- PETERSON, BRUCE Attending Staff
 ADD: General Medicine: I.V. sedation for procedures; simple abscess incision and drainage; treatment of drug overdose.
- RADFORD, JAMES E. Attending Staff
 ADD: General Medicine: incision and drainage of abscess; infusion pump filling; hickman catheter removal; hormone response testing.
- RANK, JEFFREY Attending Staff
 ADD: Gastroenterology: endoscopic retrograde sphincterotomy - with stent placement, with stricture dilation; needle biopsy of tumor; paracentesis.
- RHAME, FRANK S. Attending Staff
 ADD: General Medicine: thoracentesis (aspiration only); lumbar puncture; manage blood transfusions; anoscopy; simple abscess incision and drainage; nasogastric intubation and lavage; foley catheterization of the bladder. Infectious Diseases: biopsy ulcerated tumors; CNS chemotherapy (meningitis); suprapubic aspiration of bladder; punch biopsy of skin.
- ROBERTSON, R. PAUL Attending Staff
 ADD: General Medicine: thoracentesis (aspiration only); abdominal paracentesis; simple abscess incision and drainage; nasogastric intubation and lavage; treatment of drug overdose. Endocrinology: thin needle aspiration of thyroid; radio-isotope dosing for thyroid disease; dynamic endocrine testing; growth hormone response testing; water deprivation test; insulin induced hypoglycemia.
- ROSENBERG, MARK E. Attending Staff
 ADD: General Medicine: central line placement; joint aspiration and injection excluding the hip joint; I.V. sedation for procedures; treatment of drug overdose.

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

MEDICINE

SEAQUIST, ELIZABETH

Attending Staff

ADD: General Medicine: I.V. sedation for procedures; simple abscess incision and drainage; treatment of drug overdose; anterior nasal pack for hemorrhage. Endocrinology: radio-isotope dosing for thyroid disease; therapy with external insulin infusion pump; dynamic endocrine testing - ACTH stimulation test, TRH stimulation test, metyrapone test, dexamethasone suppression test; water deprivation test; insulin induced hypoglycemia; growth hormone response testing.

SKUBITZ, KEITH

Attending Staff

ADD: General Medicine: I.V. sedation for procedures; anoscopy; simple abscess incision and drainage; nasogastric intubation and lavage; treatment of drug overdose; anterior nasal pack for hemorrhage. Oncology: arterial catheter, percutaneous; biopsy ulcerated tumors; incision and drainage of abscess; infusion pump filling; hickman catheter removal; needle biopsy of tumor; skin biopsy.

SLUNGAARD, ARNE

Attending Staff

ADD: General Medicine: I.V. sedation for procedures; anoscopy; simple abscess incision and drainage; nasogastric intubation and lavage; treatment of drug overdose; anterior nasal pack for hemorrhage. Hematology/Oncology: infusion pump filling.

SOLTIS, RONALD

Attending Staff

ADD: General Medicine: I.V. sedation for procedures; simple abscess incision and drainage; treatment of drug overdose. Gastroenterology: esophageal dilatation; needle biopsy of tumor.

SWENSON, LYLE

Clinical Staff

ADD: new privileges form--no changes

TOBIAN, LOUIS

Attending Staff

ADD: new privileges form--no changes

UHLMAN, DOROTHY L.

Attending Staff

ADD: General Medicine: Foley catheterization of the bladder; nasogastric intubation and lavage; managing patients in intensive care unit; manage blood transfusions; IV sedation for procedures; simple abscess incision and drainage. Oncology: lumbar puncture, chemotherapy; infusion pump filling; incision and drainage of abscess; hormone response testing; ommaya shunt chemotherapy; cancer chemotherapy intracavity; cancer chemotherapy intraarterial; cancer chemotherapy, IV; arterial catheter, percutaneous.

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
MEDICINE		
ULSTAD, VALERIE K.	Attending Staff	
ADD: new privileges form--no changes		
VENNES, JACK A.	Clinical Staff	
ADD: Gastroenterology: endoscopic retrograde sphincterotomy, with stent placement and with stricture dilatation; esophageal dilation; esophagogastroduodenoscopy with biopsy (EGD); EGD with treatment of bleeding lesion; EGD with balloon dilation; esophagoscopy with scleroses of varices; esophagoscopy with stent placement.		
WATSON, KATHLEEN V.	Attending Staff	
ADD: General Medicine: arterial puncture; abdominal paracentesis; artrocenteses.		
WEISDORF, DANIEL J.	Attending Staff	
ADD: General Medicine: central line placement; arterial puncture; thoracentesis (aspiration only); abdominal paracentesis; joint aspiration and injection excluding the hip joint.		
WIESNER, GEORGIA	Attending Staff	
ADD: General Medicine: I.V. sedation for procedures; nasogastric intubation and lavage.		
WILSON, ROBERT F.	Attending Staff	
ADD: coronary angioplasty-laser: excimer		
WOOLLEY, ANTHONY C.	Attending Staff	
ADD: Nephrology: central and femoral venous catheter placement; continuous arterio-venous catheter placement; hemodialysis; needle biopsy of-kidney, paracentesis; peritoneal dialysis; peritoneal dialysis catheter placement.		
ZIMMER, STEVAN D.	Attending Staff	
ADD: angioplasty-laser: excimer		
ZOSCHKE, DAVID	Clinical Staff	
ADD: General Medicine: simple abscess incision and drainage. Rheumatology: cytotoxic drug therapy by protocol; injection -triggerpoint, tendon, ganglion, or bursa; joint lavage; nail fold capillarscopy; synovial fluid crystal exam/polarizing light.		

continued....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

NEUROLOGY

LOCKMAN, LAWRENCE A.

Attending Staff

PEDIATRICS

DELETE: Department of Pediatrics: abdominal paracentesis; bone marrow biopsy; cardiac monitoring of arrhythmias; circumcision; cisternal tap; exchange transfusion; femoral vein puncture; incision and drainage of abscesses; intravenous cutdown; laryngoscopy; liver biopsy (needle); myringotomy; peritoneal dialysis; suprapubic bladder tap; thoracentesis; paracentesis; umbilical vessel catheterization; and neurologic contrast studies.

OBSTETRICS AND GYNECOLOGY

CARLSON, JAY W.

Attending Staff

ADD: epidural (regional) anesthesia; cervical, vaginal laser (CO₂).

STASSART, JACQUES P.

Attending Staff

ADD: intra-abdominal-lasers CO₂ and Argon; intra pelvic-lasers CO₂ and Argon.

OPHTHALMOLOGY

WRIGHT, MARTHA M.

Attending Staff

ADD: cryotherapy; repair of laceration; anterior vitrectomy.

RADIOLOGY

HUNTER, DAVID W.

Attending Staff

ADD: Balloon dilation of nonvascular structures such as ureter, trachea, bronchus, esophagus, and bowel

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Joint Appointment and Clinical Privileges

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>PRIMARY APPOINTMENT</u>	<u>JOINT APPOINTMENT</u>
MEDICINE			
COLLINS, TERESE M.	Attending Staff	MEDICINE	
ADD: Joint appointment in Department of Pediatrics			
ADD: Department of Pediatrics: Diagnostic Tests—abdominal paracentesis; arterial puncture; bladder aspiration; central venous pressure measurement; spinal puncture, lumbar, diagnostic; thoracentesis; routine venipuncture to IV placement; Infectious Disease—chemotaxis assay; Therapeutic Procedures—blood transfusion; incision and drainage of abscess; newborn care, normal; venipuncture catheter placement; Infectious Diseases—management of septic conditions.			

OPHTHALMOLOGY

CAMERON, J. DOUGLAS	Attending Staff	OPHTHALMOLOGY	
ADD: Joint appointment in the Department of Laboratory Medicine and Pathology			
ADD: Department of Laboratory Medicine and Pathology: Anatomical Pathology			

Recommendations for Change in Staff Category

<u>DEPARTMENT</u>	<u>PRESENT CATEGORY</u>	<u>RECOMMENDED CATEGORY</u>
FAMILY PRACTICE AND COMMUNITY HEALTH		
VERBY, JOHN E.	Attending Staff	Emeritus Staff - without privileges
MEDICINE		
VENNES, JACK A.	Clinical Staff	Attending Staff
NEUROSURGERY		
SELJESKOG, EDWARD	Attending Staff	Clinical Staff
SURGERY		
KNIGHTON, DAVID R.	Attending Staff	Clinical Staff

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Provisional Medical/Dental Staff Appointments

DEPARTMENT

CATEGORY

FAMILY PRACTICE AND COMMUNITY HEALTH

PETERSON, EARL J.

Attending Staff

LABORATORY MEDICINE AND PATHOLOGY

BARTOW, SUE A.

Attending Staff

MEDICINE

AMATRUDA, THOMAS
MACMAHON, EITHNE M.E.

Attending Staff
Attending Staff

NEUROSURGERY

GANZ, WILLIAM F.

Clinical Staff

OBSTETRICS AND GYNECOLOGY

COWART, CATHERINE L.

Attending Staff

OPHTHALMOLOGY

LANE, STEPHEN S.

Clinical Staff

ORTHOPEDICS

ENGBRETSSEN, LARS

Attending Staff

PEDIATRICS

HUSTEAD, VIRGINIA A.
KELLY, ANNE M.
KIBORT, PHILLIP M.
KOHEN, DANIEL P.

Clinical Staff
Attending Staff
Clinical Staff
Attending Staff

PSYCHIATRY

MAGRAW, RICHARD M.

Attending Staff

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Resignations from the Medical/Dental Staff

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

ANESTHESIOLOGY

AUGUSTINE, SCOTT, D.
BERLAUK, JON F.

Attending Staff
Attending Staff

DERMATOLOGY

KAYE, VALDA N.

Clinical Staff

HOSPITAL DENTISTRY

GLENN, DANIEL H.
LEONARD, MYER S.

Clinical Staff
Clinical Staff

MEDICINE

ANDERSON, JAMES
COUCH, LESLIE A.
EGGERT, RONALD
HITT, JOHN A.
IBER, CONRAD
KATSMAN, RALPH J.
LABREE, JOHN W.
LEVITT, JOHN I.
MCGINN, ANDREW G.L.
MOORE, RANDALL S.
PFOHL, RICHARD A.
POHLMAN, BRAD L.
REMOLE, STEPHEN C.
STONE, BRADFORD G.
TOMBERS, JOSEPH M.
WARHOL, RICHARD M.
WINSTON, ROBERT D.
WYSHAM, DOUGLAS G.

Attending Staff
Attending Staff
Clinical Staff
Attending Staff
Clinical Staff
Attending Staff
Attending Staff
Clinical Staff
Attending Staff
Attending Staff
Clinical Staff
Attending Staff
Attending Staff
Clinical Staff
Clinical Staff
Clinical Staff
Attending Staff
Clinical Staff

NEUROLOGY

BARKHAUS, PAUL E.
BERNARD, JACQUELINE T.
FEHR, MARTHA A.
MENDEZ, MARIO F.
OLSON, DONALD M.

Clinical Staff
Attending Staff
Attending Staff
Clinical Staff
Clinical Staff

OBSTETRICS AND GYNECOLOGY

BYERS, LOWELL J.
THORP, DEBORAH A.

Attending Staff
Clinical Staff

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Resignations from the Medical/Dental Staff

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

OPHTHALMOLOGY

LINDSTROM, RICHARD L.

Clinical Staff

PEDIATRICS

KEELER, ELSA
LACO, JANE M.
GLOCK, MICHAEL

Attending Staff
Attending Staff
Attending Staff

PSYCHIATRY

COLON, EDUARDO A.
CHUNG, JOYCE Y.

Attending Staff
Attending Staff

RADIOLOGY

CASTANEDA, WILFRIDO
FINLAY, DAVID E.

Attending Staff
Attending Staff

SURGERY

MCPARLAND, FELIX A.

Clinical Staff

UROLOGY

EVANS, RICHARD M.
MARUF, NIZAMUDDIN J.
SHARER, WILLIAM C.
UKE, EROL T.

Clinical Staff
Clinical Staff
Clinical Staff
Clinical Staff

Resignation from the Specified Professional Personnel—Psychology Staff

DEPARTMENT

PHYSICAL MEDICINE AND REHABILITATION

COHEN, NORMAN J.

Attending Staff

reapt/cred.1.93

THE UNIVERSITY OF MINNESOTA HOSPITAL & CLINIC
 MEDICAL STAFF-HOSPITAL COUNCIL COMMITTEE CHAIR APPOINTMENTS
 1993-1994

<u>COMMITTEE</u>	<u>CHAIR</u>	<u>APPOINTMENT</u>	
		<u>INITIAL</u>	<u>EXPIRATION</u>
1. Bed Allocation Committee	Richard J. Palahniuk, M.D.	1990	1995
2. Biomedical Ethics Committee	Susan Berry, M.D., co-chair Nancy Green, co-chair	1990 1992	1995 1997
3. Bylaws Committee	Jeffery McCullough, M.D.	1992	1997
4. Cardiorespiratory Advisory Committee	Russell H. Larsen, M.D.	1980	1994
5. Cardiovascular Advisory Committee	Michael W. Steffes, M.D.	1985	1994
6. Credentials Committee	Henry Buchwald, M.D.	1982	1994
7. Emergency Department Committee	Charles Andres, M.D., co-chair Ian Gilmour, M.D., co-chair	1993 1993	1998 1998
8. Infection Control Committee	Frank Rhame, M.D.	1981	1994
9. Intensive/Special Care Unit Advisory Committee	Frank Cerra, M.D.	1988	1994
10. Medical Record and Patient Care Information Committee	Marvin Goldberg, M.D.	1987	1994
11. Operating Room Committee	Roberto Heros, M.D.	1992	1997
12. Outpatient Committee	Amos Deinard, M.D.	1979	1994
13. Pharmacy & Therapeutics Committee	Russell Lucas, M.D.	1983	1994
14. Product Evaluation & Standardization Committee	Recommendation to follow		
15. Quality Management Steering Committee	Jean Harris, M.D.	1992	1997
16. Safety Committee	Charles Andres, M.D.	1987	1994
17. Tissue & Procedure Review Committee	Ricardo Gonzalez, M.D.	1989	1994
18. Transfusion Therapeutics Committee	Clark Smith, M.D., co-chair Elizabeth Perry, M.D., co-chair	1991 1991	1996 1996

Medical/Dental Staff Bylaws, Article VI, Part A. Section 1(b). Appointments will be made by the Board at its first meeting after the end of the medical staff year for an initial term of one year. After serving an initial term a chairman may be reappointed by the Board annually for a maximum of four additional years. (Board of Governors Approval October 1990)

**THE UNIVERSITY OF MINNESOTA HOSPITAL
AND CLINIC**

BOARD OF GOVERNORS

QUALITY MANAGEMENT COMMITTEE

JULY 28, 1993

**QUALITY MANAGEMENT COMMITTEE
BOARD OF GOVERNORS
Wednesday, July 28, 1993
Bridges Conference Room
10:00 A.M.**

AGENDA

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	-Robert Maxwell, M.D.		
IV.	<u>Appointment of Medical Staff-Hospital Council Committee Chair</u>	Endorsement/ Consent	10
	-Robert Maxwell, M.D.		
V.	<u>Annual Review of Home Health Care Services</u>	Endorsement/ Consent	11
	-Mary Ellen Wells		
VI.	<u>Service Committee Progress Report</u>	Information	19
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	o Triage of new issues		
	-Jean Harris		
VII.	<u>CQI Education Proposal: Pilot Project Teams</u>	Information	21
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IX.	<u>Other Business</u>		
X.	<u>Adjournment</u>		

Future Agendas: Appointment of Clinical Chiefs
 Approval of Quality Management, Risk Management, Utilization Review Plan

**THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS
QUALITY MANAGEMENT COMMITTEE**

**JUNE 23, 1993
MINUTES**

Attendance

Present: Frank Cerra, M.D.
Michael Fay
S. Albert Hanser (Chair)
Greg Hart
Charles Jones
Robert Maxwell, M.D.
Donald Sudor

Absent: Kathleen Annette
Roberto Heros, M.D.

Staff: Keith Dunder
Sally Huntington
Shannon Lorbiecki

Guest: Nancy McNellis

Call to Order

Mr.Hanser called the meeting to order at 10:05 a.m.

Approval of the May 26, 1993 Minutes

The committee recommended approval and forwarded the minutes of the May 26, 1993 meeting as submitted.

JCAHO Survey Preparation

Mr. Hart introduced Ms. McNellis to present the JCAHO preparation status report. The report included a review of the activities of the JCAHO survey team and the results of the first mock survey. Discussion included a review of JCAHO recommendations from the 1990 survey.

The Committee will continue to receive regular reports regarding the progress of JCAHO survey preparations.

Credentials Committee Recommendations

Dr. Maxwell presented the Credentials Committee Report and Recommendations addressing the reappointment of Medical and Dental staff in Unit I for the years 1993 - 1995. Recommendations included reappointment to the medical staff, applications in progress - reappointment extended for thirty days, and recommendations for non-appointment of medical/dental staff. Also included were regular medical staff appointments, addition and/or deletion of clinical privileges, joint appointment and clinical privileges, change in staff category, provisional medical staff appointments, and resignations from the medical staff.

The committee recommended approval and forwarded the Credentials Committee recommendations.

Medical Staff-Hospital Council Committee Chair Appointments

Dr. Maxwell presented the recommended Medical Staff-Hospital Council Committee Chair appointments. The role of the Product Evaluation and Standardization Committee is under review and a recommendation will follow.

The committee recommended approval and forwarded the proposed Medical Staff-Hospital Council Committee Chair Appointments.

Resolution Regarding Clinical Chief Evaluation

Mr. Dunder presented the proposed Resolution Regarding Clinical Chief Evaluation. The bylaws provide that the Board of Governors shall consult with the Quality Management Committee in regard to the appointment and reappointment of Clinical Chiefs. The Board of Governors adopted on May 26, 1993 a set of evaluation criteria for Clinical Chiefs. The proposed resolution addresses the reappointment process. The Quality Management Committee shall receive from the Chief of Staff, the General Director of the Hospital, the Dean of the Medical School, and the Chairperson of the Council of Clinical Chiefs, a recommendation indicating whether the Clinical Chief has met the criteria established by the Board of Governors. The Quality Management Committee shall review the recommendations, as well as other relevant information, and issue recommendations to the Board.

The committee recommended approval and forwarded the Resolution Regarding Clinical Chief Evaluation.

Resolution Regarding Reappointment of Chiefs of Clinical Services

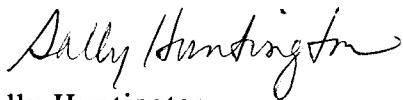
Mr. Dunder presented the proposed resolution. The Board of Governors only recently adopted formal criteria for the evaluation of Clinical Chiefs (5-26-93). The Quality Management Committee requires a period in excess of thirty days to properly accomplish the task. The resolution proposes the terms of all present Clinical Chiefs be extended until the regularly scheduled Board meeting in September. The Board shall complete the process of the reappointment of Clinical Chiefs by the conclusion of its regularly scheduled meeting in September.

The committee recommended approval and forwarded the Resolution Regarding Reappointment of Chiefs of Clinical Services.

Adjournment

There being no further business, the meeting was adjourned at 11:20 a.m.

Respectfully submitted,



Sally Huntington
Director, Quality Support Services

JCAHO Update July 19, 1993

The JCAHO Survey is tentatively scheduled for November 2, 3, 4, and 5, 1993. Mark your calendars!

JCAHO Survey Team workgroups activities in progress:

JCAHO Education Group - Susan Jeska and Suzanne White,
cochairs

- * Staff competency assessments.
- * A written plan for education, training, and documentation.
- * Expansion of the computer education documentation system.
- * Integration of competency assessment with performance appraisals. NOTE: As of July 14, only 52% of hospital employees had received a performance appraisal in FY'92-'93.
- * An all departments educational opportunities brochure.

JUST IN TIME Workgroup - Nancy McNellis, chair

- * Identification and distribution of information necessary for all or most hospital staff to know. (Distribution of the first newsletter to department heads 6-29-93.)
- * Coordination of staff surveys to assess additional educational needs and reinforce learning.

Standardized Reporting to the Board of Governors Workgroup - Nancy
McNellis, chair

- * Coordinate risk management, infection control, safety, and quality assessment and improvement information reporting.

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Office of the Chief of Staff

Box 707
420 Delaware Street S.E.
Minneapolis, MN 55455-0392
612-626-1945

July 13, 1993

TO: Quality Management Committee

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

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

The Medical Staff-Hospital Council endorsed the attached Credentials Committee Report and Recommendations on July 13.

I am forwarding these recommendations to you for your review and consideration on July 28. Following your consideration of these recommendations, we ask that you forward them to the Board of Governors for approval.

Thank you.

REM/cf
Attachment

cred/jt.conf

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

July 9, 1993

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

The Credentials Committee having considered medical staff in Unit I eligible for reappointment for 1993 - 1995 hereby recommends reappointment of the following applicant.

Department of Obstetrics
and Gynecology

Category

Konald Prem

Attending Staff

The Credentials Committee has considered and hereby recommends the reappointment/reinstatement of the following medical staff in Unit I for 1993 - 1995.

Department of Medicine

Category

Scott F. Davies

Clinical Staff

David J. Ridley

Clinical Staff

The Application for Reappraisal and Reappointment to the Medical Staff of the following member of the medical staff is in progress. The Committee recommends reappointment and privileges extended for 60 days pending clarification of application.

Department of Hospital Dentistry

Category

Mohamed El Deeb

Attending Staff

The Credentials Committee after examining all pertinent information provided to them concerning the professional competence and other necessary qualifications, hereby recommends 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 Medicine

Category

Lorre A. Ochs

Attending Staff

Approval of provisional status and clinical privileges continued:

<u>Department of Pediatrics</u>	<u>Category</u>
Michael B. Ainslie	Clinical Staff
John H. Fugate	Clinical Staff
Jeffrey G. Lobas	Clinical Staff

<u>Department of Psychiatry</u>	
Joseph J. Westermeyer	Clinical Staff

<u>Department of Radiology</u>	
Sue A. Crook	Attending Staff
Charles A. Dietz	Clinical Staff

<u>Department of Therapeutic Radiology</u>	
Warren A. McGuire	Attending Staff

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

<u>Department of Medicine</u>	<u>Category</u>
Paul R. Pentel	Clinical Staff
Add: General Internal Medicine:	treatment of drug overdose

<u>Department of Obstetrics and Gynecology</u>	
Konald A. Prem	Attending Staff
Delete:	cervical amputation; vulvectomy; uterine suspension; radium insertion; radical vulvectomy; pelvic exenteration; ABD perineal resection; low anterior resection; radical hysterectomy with or without lymphadenectomy- modified, complete or extended; hysterosalpingography; culdoscopy; partial bowel resection; bowel anastomosis; ureteral repair and reimplantation

<u>Department of Therapeutic Radiology</u>	
Kathryn E. Dusenbery	Attending Staff
Add: stereotactic radiosurgery	

The following medical staff have submitted applications and supporting documentation requesting change in staff category. The Committee has reviewed and considered their requests and hereby recommends approval.

Department of Obstetrics
 and Gynecology

	<u>Current Category</u>	<u>Requested Category</u>
Konald A. Prem	Attending Staff	Emeritus Staff

Department of Pediatrics

Roy C. Maynard	Attending Staff	Clinical Staff
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Department of Radiology

Deborah L. Day	Attending Staff	Clinical Staff
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The following medical staff 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 recommends approval.

Department of Dermatology

	<u>Category</u>	<u>Date Eligible</u>
Sherri A. Long	Clinical Staff	June 16, 1993

Department of Family Practice
 and Community Health

Michael W. Coomes	Attending Staff	April 28, 1993
Mark W. Yeazel	Attending Staff	April 28, 1993

Department of Hospital Dentistry

Leslie V. Martens	Attending Staff	April 28, 1993
Kevin N. Nakagaki	Attending Staff	June 16, 1993
Paul G. Sletten	Clinical Staff	April 28, 1993

Department of Neurology

William B. Dobyms	Attending Staff	June 16, 1993
Karen K. Hsiao	Attending Staff	June 16, 1993

Department of Obstetrics
 and Gynecology

Andrew K. Saltzman	Attending Staff	June 16, 1993
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Department of Pediatrics

Charles N. Oberg	Attending Staff	June 16, 1993
Christine L. Ternand	Clinical Staff	June 16, 1993

Approval of regular appointments continued:

<u>Department of Psychiatry</u>	<u>Category</u>	<u>Date Eligible</u>
Kathleen M. Myers	Attending Staff	June 16, 1993
<u>Department of Radiology</u>		
Michael T. Madison	Attending Staff	April 28, 1993
Steven L. Mitchell	Attending Staff	April 28, 1993
Gwen K. Nazarian	Attending Staff	April 28, 1993
Daniel J. Stackhouse	Attending Staff	April 28, 1993
<u>Department of Surgery</u>		
Michael A. Maddaus	Attending Staff	April 28, 1993
<u>Department of Urology</u>		
Yuri Reinberg	Attending Staff	June 16, 1993

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

<u>Department of Family Practice and Community Health</u>	<u>Category</u>
Michael H. Miner	Attending Staff
<u>Department of Neurosurgery</u>	
Deborah D. Roman	Attending Staff

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

<u>Department of Hospital Dentistry</u>	<u>Category</u>
Ronald E. LaBelle	Clinical Staff
<u>Department of Neurology</u>	
Sandra K. Hanson	Clinical Staff
<u>Department of Radiology</u>	
Bruce Hebdon	Attending Staff
Janis G. Letourneau	Attending Staff
Henry P. Thode	Attending Staff
Deborah T. Wadsworth	Attending Staff

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Office of the Chief of Staff

*Box 707
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Minneapolis, MN 55455-0392
612-626-1945*

July 13, 1993

TO: Quality Management Committee

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

SUBJECT: Appointment of Medical Staff-Hospital Council
Committee Chair

The Medical Staff-Hospital Council on July 13 endorsed the recommendation for the appointment of Robert Wilson, M.D., as chair of the Cardiovascular Services Advisory Committee for 1993/1994.

The Bylaws of the Medical and Dental Staff, Article VI, Part A, Section 1, (s), sets forth the requirement that the appointment of all Medical Staff-Hospital Council committee chairmen be made by the Board of Governors after receiving recommendations from the Medical Staff-Hospital Council. We ask that you endorse this recommendation and forward it to the Board of Governors for approval on July 28.

Thank you.

REM/cf


UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Harvard Street at East River Parkway
Minneapolis, MN 55455

July 22, 1993

TO: Members, Quality Management Steering Committee

FROM: Mary Ellen Wells 
Associate Director

In April, 1989, UMHC established an annual Board of Governors review process of the Home Health Care Services Department (HHCS) as required by Medicare and JCAHO. In accordance with this, the following is a summary of the Department's major activities and significant policy changes that have occurred during the past year. This report is for your endorsement.

HHCS continues to provide a full range of in-home services to UMHC patients who live within a 30 minute one-way drive from UMHC. This boundary is gradually being extended to include the entire seven county metropolitan area.

Attached is a breakdown of activity and payor mix for HHCS. Following the national trends in home care, 1992-93 was one of continued growth, with a 7% increase in encounters over the previous year. We also increased the number of new cases (up 17%) and the average number of patients serviced each month (up 36%).

Attached are two policies for your endorsement: Administration of Medications (revised) and Home Health Referrals from Physicians Outside of UMHC (new).

The 1992-93 HHCS Goals and Objectives include implementing the cost reduction ideas from the strategic planning process; implementing a CQM plan; successfully complete the JCAHO and Medicare reviews; expanding marketing efforts with the patient care units, clinics, and physicians; and enhancing the information systems and management reporting mechanisms.

Bev Dorsey, HHCS Director, and I will be available to answer your questions at the meeting next week. Thank you.

Attachments

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINICS
HOME HEALTH CARE SERVICES
STATUS REPORT TO THE BOARD OF GOVERNORS - 7/28/93

	FISCAL YEAR '92 - '93	FISCAL YEAR '91 - '92	FISCAL YEAR '90 - '91
TOTAL HOME VISITS	14296	13386	11478
PHN/RN	7490	6835	5777
RESPIRATORY THERAPY	2581	2870	3220
HOME HEALTH AIDE	2949	2266	1832
PHYSICAL THERAPY	970	956	514
OCCUPATIONAL THERAPY	179	309	94
SOCIAL WORK	119	139	5
SPEECH THERAPY	8	11	36
WEEKEND/EVENING	2064	2477	2186
NEW CASES YEAR TO DATE	530	454	431
AVERAGE # OF PATIENTS SERVICED PER MONTH	198	146	129
MEDICARE	32%	31%	Not Available
MEDICAL ASSISTANCE (includes U-Care)	43%	41%	Not Available
PRIVATE INSURANCE/HMO'S	23%	25%	Not Available
PRIVATE PAY	2%	3%	Not Available

 = REIMBURSEMENT BREAKOUT

POLICY AND PROCEDURES MANUAL



UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

SECTION:	
Page 1 of 3	
VOL.:	POLICY NUMBER: 1
EFFECTIVE: 6/78	
REVISION: 10/78..2/92;10/92;4/93	
REVIEWED: 10/79...2/92;10/92;4/93	

SUBJECT: ADMINISTRATION OF MEDICATIONS
SOURCE: Home Health Care Services

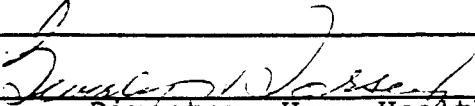
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POLICY

Written, signed and dated physician orders will constitute the only legal authorization for which to administer a medication or treatment in the home.

PROCEDURE

- I. Physician orders must be written in ink and signed with a complete signature.
- II. Medication orders must be written in full. The dosage must be expressed when known in grams or milligrams and not in ampules, tablets, etc. The metric system is preferred.
- III. All orders for medications must be renewed every 60 days.
- IV. Medications shall be administered according to established Nursing Services Medication Policy.
- V. Verbal orders may be taken and written by an RN and should be countersigned as soon as possible. Verbal orders must be mailed to the physician within 48 hours.
- VI. During the home visit, all medications that a patient may be taking will be checked to identify possible ineffective drug therapy or adverse reactions, significant side effects, drug allergies, and contra-indicated medication.
 - A. Problems will be reported to the physician.
 - B. All non-prescription medications will be listed on the initial evaluation form.

APPROVED: 	DATE:
TITLE: Director, Home Health Care Services	4/14/93

VOL.:

POLICY NUMBER:

SUBJECT:
Administration of
Medications

- VII. If an adverse drug reaction occurs the physician will be called. If indicated the patient should come to the ER and/or call "911".
- VIII. All medications given by a PHN must be documented on a flowsheet.
- IX. The patient will be responsible for obtaining their own medications.
- X. Initial doses of IV, IM, SQ antibiotics, antivirals, antifungals, ALG or similar drugs non steroidal antiinflammatory injectables will not be given in the home. Exceptions can be made on an individual basis when the patient has received the medication previously by a different route (i.e. the route is being changed from oral to I.V.) and the Physician indicates that the risk of allergic reaction is low. Also initial doses of drugs to patients with a known hypersensitivity or allergy need to be in a controlled environment, or if the pt has multiple allergies. Fluid and electrolyte replacement therapy usually do not need to come in for initial dose, unless values need to be watched closely i.e. K+ or Mg⁺⁺.
- XI. Drugs that are considered safe for the home environment are:
- A. Oral medications.
 - B. SQ, IV, or IM:
 - 1. Cephalosporins.
 - 2. Aminoglycosides.
 - 3. Antiviral - (DHPG, Acyclovir, Foscarnet).
 - 4. Antifungal - (Amphotericin)
 - a. Patient must be stabilized on Amphotericin with or without pre-meds and able to administer dose, as nurse can not stay through out.
 - 5. Narcotics.
 - 6. Chemotherapy - see separate Policy and Procedure.
 - 7. Penicillins.
 - 8. Clindamycin.
 - 9. Vancomycin.

SECTION:

Page 3 of 3

VOL.:

POLICY NUMBER: 1

SUBJECT:

Administration of
Medications

10. Steroids.
 11. Heparin.
 12. Lasix.
 13. Insulin (SQ only).
 14. Magnesium - if 1-2gm may give over 1 hour. No need of pump. If dose is greater there is concern for infusion going too fast. A pump or Dial a drip is recommended.
- C. Intrathecal narcotics may be given through continuous infusion.
- D. Pentamidine may not be given IV in home, but may be given by aerosol.
- E. Aerosol medications for home use are mucomyst, bronchodilators and antibiotics.
- F. Other drugs will be reviewed on an individual basis by the Nurse Manager, pharmacist, Medical director or designee.
- XII. For IV/IM infusion each candidate will be assessed for appropriateness, abilities to perform tasks, caregiver availability, home environment and safety (i.e., availability of phone, etc.). The PHN will monitor and/or teach the patient/caregiver self administration, if possible. Patient's will be monitored for signs and symptoms of side effects, necessary lab values and complications related to the IV therapy.
- XIII. For specifics on chemo administration, refer to HHCS policy on chemotherapy administration, as well as the nursing department's policy and procedures for safe handling of cytotoxic drugs and patient care.

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POLICY AND PROCEDURES MANUAL



UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

SECTION:	
Page 1 of 1	
VOL.:	POLICY NUMBER: 119
EFFECTIVE: 5/14/93	
REVISION:	
REVIEWED:	

SUBJECT: HOME HEALTH REFERRALS FROM PHYSICIANS OUTSIDE OF UMHC
SOURCE: Home Health Care Services

Policy

UMHC Home Health Care Services will accept referrals from non-UMHC staff physicians after determining that they are duly licensed in the state of Minnesota.

Procedure

1. Credentials/licensure of referring physicians are verified through the Minnesota Board of Medical Examiners Directory before accepting the patient for home care.
2. Telephone referrals may be taken by a PHN. These orders must be signed by the physician within two weeks.
3. The Home Health Medical Director will be consulted if orders or plan of treatment are questionable.
4. A UMHC medical record number will be obtained and a hospital face sheet generated.
5. Methods of reimbursement/payment/prior authorizations for home health care services will be obtained following usual Home Health Care Services Policies and Procedures.
6. All other applicable Home Health Care Services Policies and Procedures will be followed in providing services to these patients.

APPROVED: <i>Doreen D. Jarrett</i>	DATE:
TITLE: Director, Home Health Care Services	5/14/93

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Harvard Street at East River Parkway
Minneapolis, MN 55455

June 17, 1993

Roberto Heros, M.D., Chair
Professional Services Committee UMCA
Box 96

Dear ^{Roberto} Dr. Heros:

On May 27, the Service Quality Improvement Committee of UMHC reviewed the recommendations of the five LRSP Service Quality work groups. At that meeting it was decided that recommendations pertaining to physician activities should be the purview of the Professional Services Committee of UMCA. At the subsequent June 10 meeting the committee reviewed again recommendations to be transitioned to UMCA and identified those which it felt required immediate attention.

Under Service to Patients and Families, it was the committee's sense that immediate attention be given to those recommendations relating to one attending physician throughout a course of care and to appropriate and timely notification to patient and family of any changes in attending responsibilities. It also felt that attention should be directed to the recommendation that coordinated plans of care be developed, documented, and clearly communicated to the patient and health care team.

Under Service to Referring Physicians the committee's interest focused upon referring physician communication, most specifically composition and mailing of a discharge letter and summary.

Under Internal Service, the committee felt that improving the test and procedure scheduling and coordination most likely reflected internal problems in the reporting systems. However, it requests attention to this issue as well as the issues surrounding urgent requests received by 10 a.m.

It should be understood that identifying the above as areas of special interest in no way detracts from the importance of all of the recommendations from the working groups. In fact many of the corrective actions are interrelated and mitigation in one area may

Roberto Heros, M.D.
June 17, 1993
Page 2

assist in mitigation in other areas. Transitioning the responsibility for addressing the working group recommendations should also not be construed as any lessening of interest in the importance of their implementation. On the contrary, the Service Improvement Committee looks forward to receiving progress reports as the Professional Services Committee addresses all the recommendations and in working with the Professional Services Committee to successful resolution of issues where appropriate.

The Service Improvement Committee retained recommendations in those areas which appear more importantly the purview of the hospital. However we welcome your ideas and recommendations as we proceed through implementation and we also welcome your identifying other ideas/issues/problems which the hospital should be addressing.

We look forward to a fruitful working relationship.

Sincerely,



Jean L. Harris, M.D.

SUMMARY OF CQI EDUCATION PROPOSAL FROM CHRIS BEHR
June 1993

GOALS

Learn a disciplined approach to problem solving.
Learn a data-driven approach to problem solving.
Learn how to work in a team.

METHOD

Identify four to six pilot project teams with six to eight participants each to work through the process described below.

Suggestions for project identification:

- (1) the issue is relevant,
- (2) motivated team members,
- (3) a process which happens frequently with a fairly short cycle,
- (4) a chronic problem,
- (5) a fairly high chance of success,
- (6) data already available.

PROCESS

<u>Activity</u>	<u>Time Commitment</u>	<u>Participants</u>
Review Don Berwick videotapes	2-4 hours	All team members
Chris Behr Visit 1 - Training session on skills which may be used to describe the current situation. Examples: flow charting, pareto charts, affinity diagrams. The goal is to learn how to describe the process as it currently operates and to collect data to identify its problems.	Day 1	All team members Up to 45 people.
Training in group dynamics and the group process: what it is, how to recognize when problems develop, how to address those problems.	Day 2	Leaders/facilitators Interested others up to 30
Team meetings to describe the current situation.	Once/week	
Visit 2 (approximately six weeks later) - Each team presents the status of work to date. All participants discuss, critique, share ideas.	Day 1 morning	All team members
Consultants meet individually with each teams leader and facilitator for a coaching session.	Day 1 afternoon	Leaders/facilitations
shooting and reinforcement based on what was identified during /. Training on new skills: identifying the root cause, king about intervention options, planning for implementation.	Day 2	All team members

<u>Activity</u>	<u>Time Commitment</u>	<u>Participants</u>
Team meetings to identify root cause, select interventions, plan implementation.		
Visit 3 (six weeks after visit two) Same as visit 2	Day 1	
Trouble shooting and reinforcement. Training on new skills related to evaluating effectiveness and maintaining the gain. Closing discussion designed to capture the learning with all benefitting from each others experience: what worked well, what did not work, what could be done differently.	Day 2	All team members

UNIT: ALL
PERIOD: Apr-May-Jun 1993

Number of Surveys Returned: 724

YOUR ADMISSION

When you were admitted to the hospital, was it . . .

Planned in advance	67.4%	
Planned same day	17.1%	N= 694
Through E.R.	13.5%	
Not sure	1.9%	

Is this the first time you have been admitted to this hospital?

Yes	67.0%	
No	33.0%	N= 703
Not sure	.0%	

How satisfied were you with the coordination of your admission?

1 Not Satisfied	2.3%	
2	2.3%	
3	7.8%	
4	23.7%	N= 701
5 Very Satisfied	63.9%	
Mean	4.45	
S.Dev.	.90	

How much time did you spend in admissions?

Less than 15 minutes	56.6%	
15-30 minutes	35.6%	N= 680
31-60 minutes	3.1%	
Over one hour	4.6%	

Was the admissions staff courteous and helpful?

Yes	98.8%	
No	1.2%	N= 677

YOUR CAREGIVERS

Was there one particular physician in charge of your care in the hospital?

Yes	78.6%	
No	13.2%	N= 683
Not sure	8.2%	

Was there one primary nurse in charge of your care?

Yes	37.4%	
No	40.6%	N= 673
Not sure	22.0%	

Did you have regular visits from your attending physician?

Yes	87.7%	
No	12.3%	N= 673

Did you have sufficient contact with your team of caregivers to feel informed and knowledgeable about your care?

Physicians:		
Always	66.0%	
Usually	25.5%	N= 694
Sometimes	5.8%	
Rarely	2.7%	

Nurses:		
Always	71.7%	
Usually	22.2%	N= 689
Sometimes	4.5%	
Rarely	1.6%	

Other staff:		
Always	54.7%	
Usually	31.2%	N= 589
Sometimes	9.8%	
Rarely	4.2%	

Was there ever a time when you felt that your . . .

Doctors weren't talking to one another enough about your care?

Yes	9.5%	
No	85.1%	N= 707
Not sure	5.4%	

Doctors weren't talking with your nurses enough about your care?

Yes	8.7%	
No	77.8%	N= 698
Not sure	13.5%	

Nurses weren't talking to one another enough about your care?

Yes	9.1%	
No	77.0%	N= 695
Not sure	14.0%	

DOCTORS

NURSES

Were doctors or nurses available to answer your questions and concerns?

Always	59.9%		74.1%	
Usually	28.7%		19.6%	
Sometimes	6.4%	N= 704	4.4%	N= 710
Rarely	3.7%		1.3%	
Never	.4%		.3%	
Not sure	.9%		.4%	

When you had important questions, did you get answers you could understand?

Always	72.3%		73.7%	
Usually	20.3%		19.9%	
Sometimes	5.2%	N= 710	4.6%	N= 703
Rarely	1.3%		1.4%	
Never	.6%		.1%	
Not sure	.4%		.3%	

Did doctors or nurses talk in front of you as if you weren't there?

Always	1.4%		1.0%	
Usually	2.1%		1.3%	
Sometimes	7.4%	N= 698	4.1%	N= 691
Rarely	11.2%		9.4%	
Never	75.1%		81.6%	
Not sure	2.7%		2.6%	

Did doctors and nurses treat you respectfully (respecting privacy, etc)?

Always	87.5%		85.7%	
Usually	9.3%		12.1%	
Sometimes	2.3%	N= 711	1.8%	N= 713
Rarely	.4%		.1%	
Never	.4%		.1%	
Not sure	.1%		.1%	

Were you satisfied with the knowledge & skills of the doctors and nurses?

Always	84.1%		73.7%	
Usually	12.4%		21.8%	
Sometimes	2.2%	N= 715	2.4%	N= 715
Rarely	.7%		1.4%	
Never	.1%		.4%	
Not sure	.4%		.3%	

Did you have confidence and trust in the doctors and nurses caring for you?

Yes	95.9%		93.7%	
No	2.0%	N= 714	2.5%	N= 711
Not sure	2.1%		3.8%	

Did your doctors and nurses discuss your anxieties or fears about your condition with you?

Always	63.2%		63.0%	
Usually	20.6%		22.0%	
Sometimes	5.9%	N= 690	6.0%	N= 683
Rarely	4.5%		3.1%	
Never	3.6%		3.8%	
Not sure	2.2%		2.2%	

Did a doctor or nurse explain the results of tests in a way you could understand?

Always	74.3%		71.7%	
Usually	18.2%		19.4%	
Sometimes	3.9%	N= 688	4.2%	N= 669
Rarely	1.6%		1.5%	
Never	.9%		1.2%	
Not sure	1.2%		1.9%	

When another physician (consult) was asked to see you, did you understand why?

Yes	91.7%	
No	8.3%	N= 577

If so, were you informed of the results of the visit?

Yes	89.9%	
No	9.9%	N= 554

If you were seen by residents, interns, or medical students, did you have confidence in them?

Yes	83.3%	
No	6.7%	N= 671
Not sure	10.0%	

If you were seen by residents, interns, or medical students, were they courteous and helpful?

Always	74.1%	
Usually	18.7%	
Sometimes	3.4%	N= 675
Rarely	1.0%	
Never	.4%	
Not sure	2.4%	

YOUR ROOM

How satisfied were you with the daily cleaning of your room?

1 Not Satisfied	6.4%	
2	6.3%	
3	15.3%	
4	29.1%	N= 698
5 Very Satisfied	42.8%	
Mean	3.96	
S.Dev.	1.19	

How satisfied were you with the temperature and comfort of your room?

1 Not Satisfied	4.6%	
2	6.6%	
3	16.1%	
4	29.1%	N= 714
5 Very Satisfied	43.6%	
Mean	4.00	
S.Dev.	1.13	

How satisfied were you with the cleaning of public areas in the hospital?

1 Not Satisfied	2.5%	
2	1.0%	
3	10.3%	
4	34.4%	N= 688
5 Very Satisfied	51.7%	
Mean	4.32	
S.Dev.	.88	

How satisfied were you with the courteousness of the cleaning personnel?

1 Not Satisfied	1.3%	
2	1.6%	
3	12.7%	
4	27.0%	N= 670
5 Very Satisfied	57.3%	
Mean	4.37	
S.Dev.	.87	

YOUR SURGERY, TESTS, OR PROCEDURES

If you had surgery, did the surgeon explain what he/she would be doing?

Yes/explained fully	91.0%	
Somewhat	6.8%	N= 533
No explanation	1.3%	
Not sure	.9%	

Did your doctors or nurses tell you accurately how you would feel after surgery?

Yes/explained fully	76.7%	
Somewhat	16.2%	N= 532
No explanation	5.3%	
Not sure	1.9%	

Were the results of the procedure explained in a way you could understand?

Yes/explained fully	88.6%	
Somewhat	8.7%	N= 561
No explanation	.9%	
Not sure	1.8%	

If you had anesthesia, did the anesthesiologist explain how you would be put to sleep or your pain controlled during the procedure?

Yes/explained fully	84.5%	
Somewhat	8.9%	N= 485
No explanation	3.1%	
Not sure	3.5%	

How would you describe the pain you experienced in the hospital?

Severe	20.1%	
Moderate	40.5%	
Mild	26.3%	N= 597
Didn't experience pain	10.1%	
Not sure	2.8%	

How effectively did the staff manage your pain?

Did everything possible	89.9%	
Could have done more	6.7%	N= 567
Not sure	3.4%	

OVERALL SATISFACTION

How would you evaluate the care and service you received?

1 Excellent	64.0%	
2 Very good	25.2%	
3 Good	6.7%	
4 Fair	2.4%	N= 705
5 Poor	1.7%	
Mean	1.53	
S.Dev.	.86	

If you had to be rehospitalized, would you come back to this hospital?

Yes	91.7%	
No	1.9%	N= 701
Not sure	6.4%	

Would you say your care was well coordinated?

Well coordinated	85.8%	
Somewhat	11.9%	N= 683
Not at all	2.3%	

Did you feel that the plan of care and its delivery were consistently and clearly communicated to you?

Always	62.8%	
Usually	26.6%	
Sometimes	7.0%	N= 683
Rarely	2.3%	
Never	1.2%	
Not sure	.0%	

Did you feel that you were included in making decisions regarding your care?

Always	61.1%	
Usually	25.6%	
Sometimes	6.8%	N= 681
Rarely	3.5%	
Never	2.1%	
Not sure	1.0%	

EASE OF ACCESS

How satisfied were you with the parking facilities?

Satisfied	86.6%	
Not satisfied	13.4%	N= 596

How easy was it to find your way around the medical center?

Very easy	49.2%	
Somewhat	40.6%	N= 658
Difficult	8.5%	
Very hard	1.7%	

SUPPORT STAFF

How satisfied were you with the CHAPLAINS?

1 Not Satisfied	3.3%	
2	2.5%	
3	25.4%	
4	25.7%	N= 397
5 Very Satisfied	43.1%	
Mean	4.03	
S.Dev.	1.04	

How satisfied were you with the OCCUPATIONAL THERAPISTS?

1 Not Satisfied	3.4%	
2	.0%	
3	24.7%	
4	25.3%	N= 178
5 Very Satisfied	46.6%	
Mean	4.12	
S.Dev.	1.00	

How satisfied were you with the PATIENT REPRESENTATIVES?

1 Not Satisfied	1.6%	
2	2.4%	
3	21.5%	
4	27.5%	N= 251
5 Very Satisfied	47.0%	
Mean	4.16	
S.Dev.	.95	

How satisfied were you with the RESPIRATORY THERAPISTS?

1 Not Satisfied	3.3%	
2	1.1%	
3	26.7%	
4	22.2%	N= 180
5 Very Satisfied	46.7%	
Mean	4.08	
S.Dev.	1.04	

How satisfied were you with the SOCIAL WORKERS?

1 Not Satisfied	2.7%	
2	2.7%	
3	23.0%	
4	19.9%	N= 226
5 Very Satisfied	51.8%	
Mean	4.15	
S.Dev.	1.04	

How satisfied were you with the TRANSPORTERS?

1 Not Satisfied	1.6%	
2	1.1%	
3	19.6%	
4	22.3%	N= 372
5 Very Satisfied	55.4%	
Mean	4.29	
S.Dev.	.93	