

UNIVERSITY HOSPITALS AND CLINICS

Annual Plan for 1975

Interim Report

January to June

Submitted to the Board of Governors

by

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INTRODUCTION TO THE INTERIM REPORT

The Statement of Mission and Goals of the University Hospitals and Clinics as presented in the Annual Plan for 1975 remains unchanged. Providing quality health delivery programs, educational opportunities, research potentials, and management advancements continues to be the quest of all the Health Sciences.

The Annual Plan for 1975 also contains descriptions of certain areas of concentration which are seen as essential if the goals of University Hospitals and Clinics are to be achieved with the desired high level of quality. In the first six months of 1975, change, in terms of progress achieved, has occurred in these areas and has been accomplished concurrent with the overall objectives stated in the Annual Plan.

The purpose of this Interim Report is to provide an informational up-date of activities occurring relative to these key result areas. The time span covered is from January to June of 1975. The format used follows that of the Annual Plan.

A. Ambulatory Care

1. Unit B-C

Progress in relation to the construction of Units B & C is on schedule with bids scheduled to be released in early September, 1975. Through the University Clinics Committee, its subcommittees, and staff, the following activities have, or will be shortly, completed:

- a) Finalization of fixed, moveable, and furnishings equipments lists
- b) Design modifications
- c) Tentative space allocation
- d) Review of final drawings
- e) Initial capital and operational budgets

The next phase of activity will include completion of mechanical transport system considerations, detailed budgeting and staffing analysis, and initiation of purchasing and moving schedules in addition to general project activity. Completion is scheduled prior to December, 1977.

2. Reorganization Study

Over the past six months the reorganization study outlined in the 1975 Annual Plan has made substantial progress. Both the Hospital and Medical Staff Task Force have submitted and had internal agreement on interim reports dealing with the roles of

hospital patient care departments and the concept and philosophy of a centralized ambulatory care organization. Currently, the hospital and medical staff task forces are being merged and an organizational plan detailing objectives, roles, and scope of authority and responsibility is being developed. In addition, an innovative cost finding study of ambulatory costs is being finalized and a 2 year plan of system revision is being developed. It is hoped that a final reorganization proposal will be available for review by Fall with implementation of the proposal, if it is accepted, by January 1, 1976.

3. Outreach Efforts

Primary activities in this area have focused on the following three areas:

- A. Expansion of the Community-University Health Care Center (CUHCC) from pediatric to total family service.

A team of Health Sciences staff worked with CUHCC personnel and local consumers to develop a program for the expansion of CUHCC activities. Deliberations were extensive and focused on breadth of services, interface with the community, and provision of adequate resources. This expanded program began on July 14 and it is estimated that approximately 600 parents of current pediatric registrants will receive total comprehensive services during the first year.

- B. Joint planning with the Metropolitan Health Board to develop a new primary care center.

Extensive time and effort has been spent with the Metropolitan Health Board develop initial plans for a new primary care center. A brief prospectus, inviting applications, was mailed to communities in the metropolitan area early in April. Ten local groups from almost every corner of the seven counties responded. The joint team followed these inquiries with site visits during which the communities and the University discussed feasibility for a total health promotion program. We hope now to make a site selection in the very near future and begin implementation planning.

- C. Amplification of the new Home Health Care Program

The Home Health Care Program emphasizes continuity to follow-up after hospitalization as well as outreach to the senior citizens of our area. The program accepts referrals for services, both post-hospitalization and clinic referrals. Key to the process is the philosophy that professionals who provided care during hospitalization actually do the home follow-up. In addition to actual home care, senior citizens programs at the Montreal High Rise in St. Paul (200 residents) and the Columbia Heights High Rise have been developed. The services offered include interview and brief health assessment, blood pressure screening, health seminars, and

coordinated social services. The acceptance of Home Health Care has been excellent.

In addition to the above, efforts to establish a Child Psychiatric Residential Care Center and to enhance our present community clinic's activities are being pursued.

4. Outpatient Department

While many of the activities of the Outpatient Department have been closely related to Unit B-C Reorganization and Outreach efforts, progress has been made in a number of these areas. Productivity indices have been developed and implemented, a new budget control system developed, 10 new clinics established, and a census-diagnosis reporting system initiated. In addition, an innovative nursing quality audit system has been implemented in several clinics with expansion to all specialties scheduled through the coming years.

B. Planning and Physical Development

Two planning and physical development key result areas were identified and committed to completion in the 1975 Annual Plan. These were the implementation of Section 234, Public Law 92-603, which requires development of a three year capital budget by a committee of the Hospitals' Board of Governors and the preparation of a ten year physical development plan.

The Facilities Committee and the Board of Governors have adopted operating goals for meeting the requirements of the above law. These operating goals include the preparation and annual review of a capital expenditure plan governing a period of at least three years and the identification of all projects and items which have a total cost equaling or exceeding \$100,000. At this point, a preliminary three year capital plan has been approved by the Facilities Committee.

Prior to final acceptance of the plan by the Facilities Committee and recommendation of the plan to the Board of Governors, an architectural feasibility study of a key element of the three year plan, Unit K-E development, must be completed. An architect will be retained shortly to initiate the study.

With regard to preparation of a ten year physical development plan, the Facilities Committee has reviewed a long range master plan which is in its conceptual stage. The plan's primary element recommends construction of a bed tower on the Powell Hall site to replace obsolete nursing units in the Mayo Building of University Hospitals by 1986. A secondary element centers on renovation of portions of the Mayo Building as a service and support unit to the

nursing stations located in the Masonic Building, Variety Club Heart Hospital, Rehabilitation Center and the new Powell site tower.

The Facilities Committee, working with the planning staff, will review with the appropriate users, through discussions and tours, key elements of the long range plan. This process, taking approximately six months, will result in moving the plan from its current conceptual stage to a point where definitive architectural master planning can begin. When completed, the plan will display in block schematic form all the elements of the ten year physical development program. The plan will then be submitted to the Board of Governors for its approval.

C. Finance

The first objective in the area of financial considerations, as stated in the Annual Plan for 1975, is: to adopt a Board of Governors' statement on financial policies and objectives consistent with needs for on-going operations and future of the University Hospitals and Clinics. Concurrent with the established schedule, the first draft of this statement will be available for Finance Committee consideration by September of 1975. Final Board action is planned for December.

The second finance objective is: to continue development of the financial organization and staff to achieve excellence in financial management, financial planning, budgeting, and control. In this area, most functional work is on schedule. A key position is about to be filled which will complete the reorganization of the Finance Department.

To define in operational terms the functional requirements and relationships of all activities to be reported through the Accounting Information System and to fully implement the system at all management levels by July of 1976, is the third objective of financial concern. This system, as graphically described in the Annual Plan, has three major sub-systems which integrate into central financial reporting. These sub-systems are Property Accounting, Manpower Resources, and Monitoring System and Materials Management. Only the Manpower Resources and Monitoring System sub-system is now in the final design stage and it is behind schedule. The other two sub-systems are on hold and will not be in place by July, 1976. The loss of a lead staff person and consultation delays are the two major causes forcing the Accounting Information System to be off-schedule.

D. Other Hospital Programs

1. Patient and Consumer Education

Approximately four months ago a task force was developed to study the subject of patient and consumer education. The task force has completed a final report which recommends the establishment of a patient and consumer education program which would be staffed by a full-time health educator.

The School of Public Health has expressed support for the concept and is prepared to provide a joint appointment for the full-time health educator. The report is up for consideration before the Medical Staff-Hospital Council, the Council of Chiefs of Clinical Services, and the General Director. If the report is approved, a search committee will be appointed this fall.

2. Thanatology

This key result area was initiated through the appointment of a Thanatology Task Force composed of representatives from the Medical Staff, Nursing Services, Social Services, Chaplaincy Service, and Administration. The charge to the task force is to:

1. Provide a forum for input from the health science and university community regarding the subject of death, either through consultation or added membership.
2. Review the institutions legal and ethical obligations to patients, family, employees and society.
3. Assess the appropriateness of establishing an institutional philosophy which relates to euthanasia, death education and counseling.

4. Assess the role an ongoing Thanatology Committee might serve in the hospital environment.
5. Submit a formal report of findings and recommendations by December 1, 1975.

Tentative recommendations of the task force are that a need does exist within the institution for an ongoing Thanatology Committee. The primary role of this committee would be to provide counseling services and educational programs for physicians, staff, patients and families.

The Thanatology Task Force will continue to investigate this subject and a final report will be submitted by December 1, 1975.

3. Public Communication Service

Examinations of the many publics served by University Hospitals and Clinics, the expanded mission of the institution, and the current marketplace indicated a need for a comprehensive public relations program. Such a program will maintain a balance between internal and external efforts and utilize communication and marketing techniques. The public relations program is an organized attempt to define, evaluate, direct and monitor the institutional "image".

Concurrent with the opening of the new Oak Street Parking Ramp, extensive improvements are being made in the internal information functions. As one indication of University Hospitals' concern

for each patient and visitor, the present information desk has been modified to better identify personnel and their functions. Maps and other informational materials are being developed for patient and visitor use, and re-orientation sessions for the information staff will be held to discuss their responsibilities for providing assistance.

Work will be completed in September on a new modular slide presentation which is designed for multiple, flexible use. The graphics, photographs and script will form the nucleus a number of brochures, information booklets, and a bi-annual report on the Hospitals and Clinics. The slide presentation will be utilized heavily for tours, lectures and orientation sessions.

An additional staff person has been employed to assist in the preparation and implementation of a Tour Program. The duties of the new staff member also will include the recruitment and training of volunteer tour guides and the synchronization of requests. Armchair tours will be designed using the slide presentation for those groups and organizations which are not able to visit University Hospitals.

Greater attention is being given to the promotion of closer working relationships with members of the media. Already a number of press conferences have been conducted which have resulted in wide coverage of events and developments at University Hospitals. Regular releases and notifications of important stories are being communicated to the press, radio and television. Luncheons will be held with the local media representatives to encourage mutual cooperation and understanding. At these sessions,

staff members will answer questions, explain University Hospitals' press protocol, and develop story possibilities.

Press conferences will also be scheduled to acquaint outstate editors with the services of University Hospitals and to encourage appropriate news stories. A series of fact sheets is being designed to keep editors and reporters (primarily outstate) accurately informed on the status of special services and to encourage them to do follow-up articles on patients from their areas who are receiving these services.

A patient questionnaire is being developed and will be used to highlight problem areas, identify outstanding performance, and offer an opportunity to patients to provide feedback. It is a method of informing patients that University Hospitals cares about their opinions, complaints, suggestions and recommendations.

Finally, a number of internal projects are in process which will have a positive influence on employees, staff and patients, and indirectly on external publics. These include: review and revision of existing brochures to assure coordination of style, cost-savings, and content up-dating; production of new printed materials to meet specific needs; expanded use of bulletin boards and displays for patients, visitors and employees; and, improved communication with the Medical Staff through expanded use of Abstract.

4. Privileges for Non-Physician Health Professionals

As indicated in the Annual Plan for 1975, the number of physician extenders has grown tremendously within the last decade. With

this growth, concern has increased over issues of legal liability, range of responsibilities and practice privileges.

In the last few months, a literature search was undertaken only to find that practically nothing in the literature addresses the issue of hospital privileges for non-physician health professionals.

Pediatric Nurse Practitioners, Adult Nurse Practitioners, Nurse Midwives, and Psychiatric Nurse Practitioners are good examples of these non-physician health providers. The roles of health professionals are changing rapidly and will ultimately impact on the hospital organization. These changes will continue to be monitored by the hospital staff.

5. Management Contract Services

University Hospitals recognizes, in shared and management contract services, unmet opportunities for filling a service role and has noted improvements which can be made in the effectiveness or efficiency with which it carries out its functions. Shared Services may be seen as one alternative means of achieving organizational goals.

University of Minnesota Hospitals and Clinics has three primary objectives behind its developing shared services program. These are:

- a. To provide quality health care services to the State and the area.

- b. To provide management consultation and support services to other hospitals and health care providers in the region and to sister institutions.
- c. To promote the services of the institution as a major area-wide teaching medical center.

The scope of the services to be available and offered by University Hospitals and Clinics will encompass the entire spectrum of hospital practice. In order to properly gauge the potential capabilities of the Hospitals and to define clearly the scope of initial efforts, an inventory of possible services and a survey of markets is being conducted. All Department Heads and Administrators were asked to complete a form listing all services and markets which have applicability to the program. In addition, all hospitals, and long-term care facilities in Minnesota are being surveyed in regard to services shared, purchased, or provided.

As the inventory is completed, the responses are being collated, reviewed and analyzed from the standpoints of cost, feasibility, appropriateness for various markets, and timeliness. A master list will be prepared and prioritized, listing resource people within University Hospitals and Clinics. Following this, an initial package of services, systems, and consultation capabilities will be compiled, so that marketing efforts can be planned and implemented.

The input and assistance of the Community Services Program has been and will continue to be invaluable in this project. University

Hospitals expects that the program will be operational initially in early Autumn, 1975, and that substantive benefits to the State's health care system will result.

6. Management Development

In January, a task force was appointed with the following charges:

- a. Recommend a philosophy of top level management development and a program to effectively operationalize the philosophy in fiscal year 75/76.
- b. The Task Force shall critically evaluate the proposed establishment of a management sabbatical leave program. If the Task Force feels such a program has merit at University Hospitals it shall develop recommendations specifically outlining the scope of the program and eligibility criteria, review process, and granting authority.
- c. The Task Force shall review previous proposals to develop a departmental review program. If the Task Force feels such a review process would be valuable to the institution, it shall submit recommendations outlining the scope and purposes of the program review process and schedule.

The Task Force met on several occasions and took the following action steps:

- a. The Task Force recommended that a research project be initiated to measure the effectiveness of identifying in advance individuals with management potential in tracking and guiding their experience through positions of increasing management responsibility. The Nursing

and Laboratory Medicine Departments were identified as to the two departments which would be asked to participate in this research project and the Department of Personnel agreed to work with the departments to get the process started.

- b. The establishment of a Management Sabbatical Leave Program was review and endorsed. Criteria were established and approved and the program is now being implemented.
- c. The Department Review Program was reviewed by the Task Force, and again, the Task Force suggested that a single department participate in the departmental review program for the purpose of evaluating the effectiveness and appropriateness of establishing a schedule of ongoing departmental review. We are now in the process of identifying the department which will undergo review Philosophically, the scope of the review will be directed at reviewing the effectiveness of the department in meeting the objectives of the institution and the specific departmental objectives as identified by consumers of the departmental services.

7. Patient Care Delivery Modeling

The Department of Nursing Services has initiated discussions concerning alternative models for the delivery of in-patient care at University Hospitals. The department is in the process of formulating proposals for consideration such as the placing of