UNIVERSITY HOSPITALS

AND CLINICS

Annual Plan for 1975

Submitted to the Board of Governors
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INDEX

I. FOREWORD

The annual plan of University Hospitals and Clinics should be viewed in context with its role in the University and Health Sciences.

Universities don't typically own and operate large service enterprises. Because of the unusual requirements of the educational units in the health sciences, most universities have elected to invest in their own hospital. Exceptions to this pattern have been the Eastern private institutions which concentrate primarily on medical and nursing education and where a distinguished hospital had an existing educational orientation before the founding of the medical school. Examples of those close relationships are Columbia-Presbyterian, Cornell-New York Hospital, Harvard-Massachusetts General Hospital and Johns Hopkins-Johns Hopkins Hospital. Other exceptions would be universities that have recently started medical schools and elected to use existing community facilities on the basis of cost, political pressure and population served. Michigan State, North Dakota and South Dakota would be examples of the latter.

Where universities have had the opportunity, they have largely elected to build their own facilities (62 university owned hospitals today.) The historical rationale was that universities needed

a controlled environment to maximize educational objectives. Community institutions were not prepared to alter their mission to accommodate the time, expense and style that is associated with a major academic health center. In some cases the university was assigned the responsibility for patient care for an indigent population in return for having enough patients for the teaching program.

University Hospitals have never limited their educational and service programs to indigent patients. All patients participate in the educational programs. Rooms are assigned on the basis of medical needs. All patients have a personal staff physician, and patients have free choice of care. Thus, the University is very much in the marketplace with other health providers. This means that the Hospitals and Clinics must provide the kind of facilities and patient amenities equivalent to community standards.

The Health Sciences organization has an added perspective to the need for a University Hospital. Teaching health sciences students in an integrated environment is essential for co-operative efforts of health professionals when they become practitioners. Another need is for an environment to develop teachers and researchers.

Health Sciences is also aware of the creative tension between the University and community. The Health Sciences should be continually

dissatisfied with conventional wisdom and constantly challenging accepted practices. Health Sciences also need to create new models and measure their effectiveness.

There are many responsibilities associated with securing a license for patient care and training young people in their chosen career. The demands from the public, our patients and students seem to increase every year. Without an organization that is aware of the multiple missions of the Health Sciences and sensitive to patient needs, the needs of patients and students would not be well served.

This plan will contain a statement of University Hospitals Mission and Goals and outline key result areas and new hospital plans for 1975.

II. STATEMENT OF MISSION AND GOALS OF UNIVERSITY HOSPITALS & CLINICS

A. MISSION

. To provide a broad range of quality health delivery programs. These include the necessary facilities, resources, and programs for health care services to the people of Minnesota and the Upper Midwest. Programs include specialty referral care services, comprehensive health delivery models which include outreach clinics and other primary care models, home care programs, emergency care and other health care services as statewide and local need analysis suggests.

. To provide, through its multiple service programs, opportunities for clinical education in the health sciences for Health Sciences students, staff and practitioners. These programs offer inter-disciplinary training experiences and promote a continuum of education through undergraduate and graduate education to continuing education opportunities for health care practitioners, plus health education of the patients and the public.

. To maintain an environment for advancement of biomedical research, health promotion, disease prevention and research in the delivery of medical care and health services.

. University Hospitals and Clinics has a role in the advancement of health services management. As a result of this role, University Hospitals and Clinics serve as a resource for management in the health delivery system.

B. GOALS

I. Health Delivery Goals

A. To make high quality health services available to people of Minnesota and the Upper Midwest through a well-functioning referral and outreach service.

B. To develop a well-organized specialized ambulatory care capability that provides diagnostic services and treatment alternatives to the patient and his referring physician.

C. To develop and participate in primary care model programs that will create an educational environment for health sciences professionals and students and will assist in the improvement of the primary care (health delivery) system.

D. To continually evaluate and modify delivery programs to assure the lowest possible program costs consistent with the quality assurance objectives.

E. To develop all aspects of our delivery programs in conjunction with the existing delivery system emphasizing education/delivery/cost considerations.

F. To maintain an effective professional staff organization which assures high quality of health care.

II. Education Goals

A. To participate in and develop exemplary delivery programs in the context of educational objectives of the Health Sciences Units.

B. To develop programs of continuing education which complement existing programs. These programs include both education within University Hospitals and programs for health professionals throughout the State.

C. To involve hospital patients as active participants in improving their personal health by offering programs of patient education within the hospital.

D. To promote improvement of the level of personal health status by developing programs of health education throughout the State.

III. Research Goals

A. To participate in the development and evaluation of health care delivery models and to test delivery hypotheses .

B. To promote and participate in health care delivery system research with emphasis on state and local health care needs.

C. To assure an environment for biomedical research consistent with the educational objectives of the Health Sciences Units and delivery system/cost considerations.

IV. Leadership Goal

A. In pursuit of the highest program quality -- to develop and recruit a staff so that the benefits of programs (in) which they participate and direct can be shared with health care institutions throughout the State.

INTRODUCTION TO THE ANNUAL PLAN

The following new Key Result Areas have been identified for 1975. Specifically excluded are programs initiated and normal hospital operations. No ranking has been assigned the programs.

For example, in 1974, some areas of work covered was Quality Assurance, Medical Staff By-Laws, Home Health Care, a Board of Governors, Bed Allocation and start of a new kidney dialysis center.

A. AMBULATORY CARE

1. Unit B-C

Unit B and C, which will provide new facilities for a majority of existing ambulatory care activity, is currently under construction and scheduled for completion in Spring, 1977. Under the direction of the University Clinics Committee a number of activities are, or will be, in process. These include the development of finalized moveable, fixed and furnishings equipment lists; capital budget development for equipment; space allocation assignment for specific clinics; implementation of necessary design changes; and development of information and transportation systems for the facility. Future activities include purchase of capital equipment, development of moving schedules and finalization of all schedules, systems and architectural plans.

2. Reorganization Study

As increasing national and local emphasis is placed on ambulatory settings for health care delivery, education, and research, the University Clinics have recognized the need to consider alternative organizational relationships to enhance all of these functions. Such reorganization options

are currently being studied through two task forces -- one from a hospital organization perspective and another from a medical staff perspective. The specific objectives of these task forces include:

(1) A role definition of ambulatory care.

(2) An in-depth understanding of current hospital and medical staff organization on ambulatory care including problems, issues, cost analyses, etc.

(3) A delineation of actions, commitments and changes necessary to deal with the role, problems and issues so identified.

It is anticipated that these efforts will require a variety of technical assistants and advisors including consultants, accountants, attorneys and systems analysts.

3. Outreach Efforts

A third major component of ambulatory care activity, besides physical facility construction and University Clinics reorganization investigations, is a consolidation and evaluation of current and potential ambulatory care outreach efforts. Current activities include support of community clinics; a new home health care program; and support of the commitment to expand the Community-University Health Care Clinic. In addition, the Hospitals and other Health Sciences Units are involved in a joint planning effort with

the Metropolitan Health Board to develop a new primary care clinic.

It is hoped that these activities can be enhanced and upgraded by devoting greater resources and efforts to them. In addition, efforts will be made during 1975 to interface with the community to determine what new activities would benefit health consumers and permit the research, education, and service missions of the Hospitals to be fulfilled.

4. Outpatient Department

The foregoing projects are primarily long-term activities. In addition to these, the present Outpatient Organization will be initiating a number of short term projects designed to enhance current ambulatory care delivery. These include increasing the utilization of existing space through rescheduling or expansion of operating hours; developing plans to accommodate the increasing census in clinic areas not relocating to Unit B-C, the development of productivity indices and a review of current staffing patterns.

B. PLANNING AND PHYSICAL DEVELOPMENT

A physical facility master plan for the Health Sciences Center has been developed. This plan includes outpatient clinic facilities in a new building, Unit B-C, which is currently under construction. Unit J, the Powell Hall site has been reserved for future inpatient facility development.

With the beginnings of construction of the outpatient facility, planning efforts must now shift to meet current and future inpatient needs. Hospital's planners and professional staff have been exploring development program options to meld physical facility imperatives with available construction capital.

The Social Security Amendments of 1972, Public Law 92-603, requires development of a three year capital budget by a Committee of Board members, medical staff and Hospital's management. This budget includes all construction projects exceeding a cost of $100,000. This budgeting process needs to be formalized. A ten-year physical development plan needs to be concurrently developed which will provide the conceptual framework for shorter term budgeting.

Major projects currently in progress, in addition to the out-patient building, includes: air-conditioning the Hospital's Eustis Wing, construction of a new kidney dialysis unit in the

Southeast Court, development of an automated chemistry laboratory, electrical upgrading of the operating rooms, installation of a small linear accelerator to replace an outdated cobalt unit, remodeling of the main kitchen and selected station kitchens to introduce a new food system and purchase and installation of a computerized axial tomography unit in the diagnostic radiology department.

C. Finance

To adopt a Board of Governors' statement on financial policies and objectives consistent with needs for ongoing operations and future plans of the University Hospitals and Clinics.

The purposes for the Board of Governors to adopt a statement of financial policies and objectives are several. It provides direction to management in formulating and revising operating policies for conduct of the business affairs of the corporation. It has educational value for achieving concensus and consistency for corporate activity. It provides guidance to priority consideration of programmatic change. It establishes guideline parameters for budgeting and for setting charges. And it is a means for evaluating achievement in attaining current and future objectives.

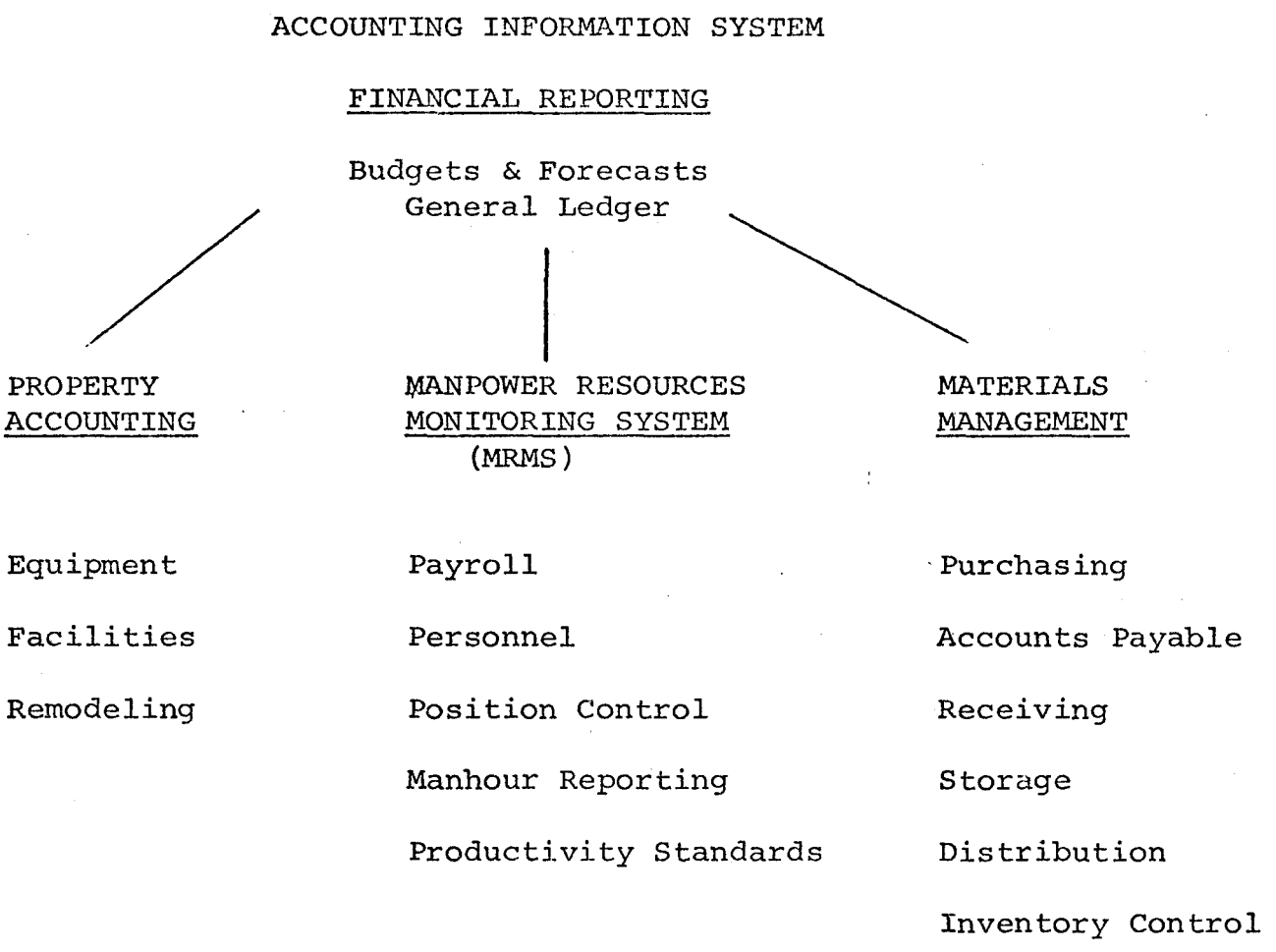
The Finance Committee of the Board, working with appropriate staff, will review draft statements for consideration by the Board. It is anticipated that intensive orientation of the committee will be required before consideration of such draft statements. The first draft should be available for committee consideration by September, 1975 with final Board action by December, 1975.

To continue development of the financial organization and staff to achieve excellence in financial management, financial planning, budgeting and control.

The growth and diversity of programs and costs; the changing and increasing regulation, constraints and accountability; and the needs for both current and projected financial information to maintain viable operations require continued development of the financial organization and staff. A preliminary organization plan has been prepared. The Finance Committee of the Board will provide guidance in achieving the overall objective consistent with an approved plan.

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, 1976.

This is the largest single systems development program the Hospitals and Clinics have undertaken to date. Its overall purpose is to integrate several existing and new sub-systems into a total accounting information system with minimum duplication of the data base. In general, the system has three major sub-systems which integrate into central financial reporting. Graphically, it can be summarized as follows:



A detailed concept plan has been defined and functional definitions have been written for the MRMS sub-system. A preliminary analysis project will provide further functional definitions and relationships, data requirements, users reports, systems design and software development. The Finance Committee of the Board will be kept appraised of progress, problems, and policy questions which evolve.

D. OTHER HOSPITAL PROGRAMS

1. Patient and Consumer Education

The medical discoveries of the past decade have adequately demonstrated that continued progress in reducing morbidity must shift emphasis to preventive health education. The medically disabled patient must receive assistance in understanding and overcoming disability. The level of medical understanding of the general public must be raised if improved health is to be achieved.

Historically, hospitals have played an insignificant role in regard to consumer education. Typically, non-profit associations such as the Cancer Society and Heart Association have assumed almost the full burden of consumer education. In the future, hospitals must assume a greater burden in consumer health education.

University Hospitals will initiate a study task force to determine area of need, appropriate integration with existing programs, and budgetary requirements for an expanded program of patient and consumer education. This program will be integrated with the efforts in other health sciences units.

2. Thanatology

Society is placing greater attention on the right of each person to a dignified death. This attention has been required because of the physicians ability to maintain vital signs almost indefinitely. Cessation of treatment to continue life has serious moral, ethical, religious and legal implications for the physician and family.

The Hospitals will study these implications and recommend institutional changes which might better enable the hospital to respond to the patients right to a dignified death.

3. Public Communication Service

The Hospitals need to develop a more effective structure to communicate the services available within the hospital to health professionals and the public at large. This lack of understanding has resulted in unnecessary travel, significant patient inconvenience, potentially inappropriate or inadequate service. In 1975, the Public Communication Service will be expanded to better fulfill our responsibility for ensuring that health professionals and the public are aware of the services available

at University Hospitals.

4. Privileges for Non-Physician Health Professionals

The increased body of knowledge required to practice medicine has resulted in greater specialization within the practice of medicine and greater reliance on non-physician health professionals. Within the last decade the number of physicians extenders has grown tremendously. Pediatric Nurse Practitioners, Adult Nurse Practitioners, Nurse Midwives, Physicians Assistants and Psychiatric Nurse Practitioners are good examples.

Historically, physician extenders have functioned under the close supervision of a physician. However, today, because of improved training and experience many of these individuals are independent practitioners functioning under quasi standing orders from the physician. Physicians are expressing concern about their legal liability for these practitioners, legislation is permitting much broader responsibilities for these health professionals, and the practitioners themselves are expressing concern about the lack of clearly established practice privileges.

University Hospitals feels this subject requires careful analysis and consultation with physicians, non-physician health professionals, various examining boards and the State Board of Health and legal counsel. A report of findings and recommendation for change will be prepared prior to the end of calendar year 1975.

5. Management Contract Services

Minnesota Statute 158.02 annotated describes a responsibility of University Hospitals to advise regarding the state's hospitals. The External Governance Report of 1970 clearly reinforced the hospitals' responsibility to develop models of improved health delivery. A handicap to effective health care delivery is the isolation of the small rural hospital. Because the average hospital, which has only slightly more than 50 beds, cannot afford trained full-time management expertise at the administrative and department head level, many hospitals could benefit from added management service.

University Hospitals intends to expand its community services program by exploring the use of contracts with a small number of interested hospitals. Services which will be shared will depend on the strengths, weaknesses and expressed needs of the specific hospital. Examples might include group purchasing, data processing, specialized nursing service, medical quality assurance.

6. Management Development

The future growth and effectiveness of our hospital depends in part upon the continued development of our top management personnel. Our manpower development and in-service education programs for our service personnel is strong and effective. Our management

development program for middle management and above is limited. University Hospitals intends to develop its management staff further through traditional educational experiences, the establishment of short duration sabbatical leaves, and departmental peer review.

7. Patient Care Delivery Modeling

The delivery of inpatient care at University Hospitals can best be described as traditional. The hospital organization reflects specialty functions such as nursing, respiratory therapy, environmental services, etc. Several hospitals around the country have modified their organization to place greater power and control at the nursing station level which is at the hub of patient care delivery.

University Hospitals intends to investigate the various patient care delivery models and test their feasibility within our environment and the degree to which they effect improved patient care.