

UNIVERSITY HOSPITALS AND CLINICS

ANNUAL PLAN FOR 1977-1978

- Draft -

Submitted to the Board of Governors  
January, 1977  
Minneapolis, Minnesota



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals  
Minneapolis, Minnesota 55455

December 15, 1976

TO: Board of Governors  
FROM: John H. Westerman, General Director  
SUBJECT: Draft of 1977-78 Annual Plan

In accordance with Article II, Section 2., of the Board of Governor's Bylaws a draft of the 1977-78 Annual Plan is enclosed. Because of new state rate review regulations, a different process is being followed in our third year of plan development. The major change is to circulate this draft to all the participants simultaneously.

The intent is for the plan to serve as part of the budget process. Therefore a programmatic overview will be presented at the December Board Meeting. The implementation dates will be July 1, 1977 - June 30, 1978 - the fiscal year. No dollars have been assigned the programs. The Clinical Chiefs Program Review Committee will not meet until the end of December.

The Department of Health Services Administration has a number of sources in putting together the program list. Individuals, divisions, departments and committees have all been involved in developing new areas of concentration. The department has reserved final priority ranking, pending further consultation with appropriate groups and the Clinical Chiefs Program Review Committee.

Therefore the purpose of the December 15, annual plan review is to acquaint the Board with new developments and begin to incorporate the board's reactions to the plan.

Additional information and handouts will be presented at the verbal presentation.

JHW/sds

Enclosure

University of Minnesota Hospitals  
Annual Plan for 1977-1978

Systems and Sensitivity

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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 interdisciplinary 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 out-

reach 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 other 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 capable of developing model programs which can be shared with health care institutions throughout the state.

Introduction to the Annual Plan  
University Hospitals and Clinics

The following projects and programs represent topics and tasks of particular interest to University Hospitals in 1977. To the degree possible, this report excludes programs which have already been initiated or are a part of on-going hospital operations. The plan is not presented in prioritized fashion.

In its effort to provide the best possible care at reasonable cost, University Hospitals will continue to strive in 1977 to operate efficiently and effectively. Efficiency in an institution as complex as University Hospitals can be achieved only through a systematic approach to organizing that which needs to be addressed, but that which is systematized for the purpose of an efficient organization must also be sensitive to individuals. Therefore, University Hospitals, because of its size and scope of activities, continues its efforts to be sensitive to the needs of its patients and its personnel.

## 1977-1978 SPECIAL AREAS OF CONCENTRATION

### A. SYSTEMS

#### I. Productivity Improvement Program

University Hospitals is committed to providing a broad range of health services as efficiently as possible. Recently, due to the costs associated with high technology and intensive service and our public obligations to constrain cost increases, a program has been instituted to emphasize methods to improve productivity. This program is consistent with University Hospitals' statement of Mission and Goals which lists under Health Delivery Goals the directive: "To continually evaluate and modify delivery programs to assure the lowest possible program cost consistent with the quality assurance objectives."

The focus of the program is productivity, that is, the ratio between services produced and the resources used. Productivity improvement emphasizes minimization of inputs and maximization of output.

Specific components of the plan include improving management engineering capabilities through inservice education. Although management expertise is quite high, a series of seminars have been scheduled to provide practical experience for the use of management engineering techniques, how they have been applied at the Hospitals, and where they might be applied in the future. A second component of the program involves management engineering consultation. Despite interest in improving our management engineering expertise at all management levels, a successful effort requires professional engineering support which is provided through Operations Analysis. Improved management information is the third component of the program and is essential in measuring the level of productivity. Improved internal and external comparative reporting systems have been developed and are being enhanced. A final and most important component of the program is management initiative. A successful productivity improvement program requires commitment from all levels of management, especial-



ly those managers closest to the actual delivery of service.

A number of specific projects have been identified which will impact on cost containment or productivity improvement. Management engineering studies will be initiated in the areas of patient transportation and third shift staffing. The intent of studying these areas is to analyze methods of improving efficiency. Forms design will receive much greater emphasis in the future to reduce the number of forms and improve their usefulness. Because University Hospitals utilization of linen is significantly higher than community standards, the Linen Committee will study methods of improving those rates of utilization. In addition, investigations will be made into the economic benefits of acquiring laundry services from external vendors. Also, a Biomedical Engineer will be joining the Hospitals' staff to assist in the evaluation of electronic equipment and to increase our ability to repair equipment internally, thus reducing significant expenditures on external service contracts. To be successful, this productivity improvement program requires maximum program flexibility and a long range commitment.

## 2. New Payroll System

As noted above, productivity improvement, and meeting external data requirements, require improved management tools. Since personnel resources account for a significant portion of the operating costs it is necessary to have management information on a timely basis which accurately reports the allocation of these resources. In order to achieve this goal, University Hospitals has defined a program for the development and implementation of a manpower resource monitoring system which will provide payroll, budget, productivity, and personnel information for management, as well as make significant operational improvements in the payroll, personnel, and budget departments. During the next year, University Hospitals will continue to build on its currently available information system by installing an improved payroll and position control system.

## 3. Hospital Computerized Information System

In the past six years, University Hospitals has developed computer applications which are currently providing necessary services to Medical Records,

Business Office, Accounting, Administration and various ancillary service departments. In 1974 the hospital established a long range plan which directed continuing computer development towards the implementation of a computer assisted hospital information system. Since that time, considerable progress has been made towards the development of the computer systems and data bases required to support such a system.

During 1977 the hospital will begin evaluation and implementation of the primary link in this system by installing computer terminals in the nursing units and clinics. With the use of these terminals, patient tests and procedures can be ordered and automatically communicated to the other departments and the results can be entered and automatically returned to the appropriate nursing unit. Many nursing care aids can be provided and patient data including tests, procedures, and results will be maintained in a computer record which will be readily available to the various users of the system.

On a long range basis the implementation and use of a hospital computer assisted information system will have a positive impact on improvements in health care administration and medical management and will result in the more effective utilization of health care resources. It will greatly reduce clerical effort and improve communications between ancillary departments and nursing. It will also reduce the effort required to meet external review and audit requirements, and will reduce patient delays through improved scheduling.

#### 4. Patient Services Management

In March, 1976, administrative and departmental management personnel participated in a series of "Cybernetic Sessions". The intent of these sessions was to get input from all levels of hospital management on problems of coordination and organization which they perceived as being present within the institution. Analysis of the results of these sessions indicated that most managers saw a need for better coordination of support services at the point of delivery - the patient unit. While the hospital information system will improve communications between ancillary departments, the diversity of those departments involved at the nursing unit has made the

coordination of delivering their services a difficult task. Hospital management acknowledges the importance of quality delivery of support services and recognized the need to try a new organizational model to achieve better coordination.

After an extensive period of research and investigation, the Patient Services Management concept was chosen as the model which will most likely result in significant service improvement at University Hospitals. Basically, this model introduces two new roles - the Patient Service Manager and the Patient Service Assistant. The Patient Service Manager is assigned overall responsibility for the delivery of support services on a nursing station. The Patient Service Assistant, who is supervised by the Patient Service Manager, becomes the support service "deliverer", via combination of the roles formerly assumed by housekeeping, nutrition, and nursing assistants.

The Patient Services Management concept offers great potential for improvement of the delivery of support services. In 1977, the concept will be introduced on a pilot basis on three nursing stations. The implications of the model, in terms of both cost and quality, will be analyzed over the next year. This analysis will then serve as a basis for decisions related to further organizational change in the future.

5. Infection Control

In 1977, University Hospitals plans to hire its first full-time hospital medical epidemiologist. This appointment will be made with input from the Council of Chiefs of Clinical Services, the Medical Staff Hospital Council, and the administrative staff. The epidemiologist, with the assistance of the Infection Control Committee, will work to establish a three-year plan for the development of a comprehensive infection control system. This system will address infection concerns within the existing structures of the Hospitals and future buildings.

The epidemiologist will also be charged with the integration of Medical quality assurance practices, with Nursing and other allied health quality assurance objectives in infection control. A further assignment of the

epidemiologist will be the implementation of a sophisticated problem-oriented network to survey and arrest epidemiological problems.

6. Warehouse System

The next fiscal year will see the final plans and cost evaluation for an off-site warehouse. An interdependent factor which will affect this plan's outcome is the development of a more comprehensive materials distribution system during the next two years. With this new warehouse and total distribution concept, University Hospitals expects all departments to be affected by making the most cost effective use of storage space on site.

The new system will include a materials information handling system for medical supplies, instruments, food and related food provisions, pharmaceuticals, laboratory chemicals, forms, active medical records and business office files.

7. Hospital Management Reference Library

The management staff of University Hospitals is decentralized in locations throughout the hospital. It also operates with a broad range of delegated authority in several functional areas. The turnover rate is constant because the Department of Health Services Administration is an entry point for training young administrators for positions in other settings. Current filing systems are also decentralized which, over time creates difficulties in rapid retrieval of documents from non-standardized systems. Further, many of these documents (minutes, reports, publications) are useful to all members of the staff on certain occasions. This leads both to difficult access and excessive duplication of documents. At present, the offices of the Controller, Legal Counsel, and General Director serve as the primary locations for files and resource documents. Other offices are primary locations for specific subject matter. However, no formal consistent method is in use to identify and locate needed materials and historical records.

During 1977-1978 it is proposed that a full or part-time person with special skills in large systems filing and library science be retained to document present locations and types of materials; to classify such material; to organize a master file system with appropriate cross-references; and to develop

a system of responding to requests for materials. The purpose is not to centralize all files, but to provide a central reference resource for documents of broad hospital interest regardless of location. Duplicate filing should be reduced when this system is in operation.

8. Risk Management

Risk Management was addressed in the 1976 Annual Plan in the limited context of the purchase of malpractice liability insurance, which remains a part of the risk management activities as a means of financing liability. In addition to evaluating this financing approach, which was effected during 1976, the plan for 1977 is to pursue ideas for alternative means of financing, such as the use of self-insurance or no-fault reparations.

In activities other than financing, the plan is to continue to gather and evaluate data regarding security and patient care problems and their impact on hospital patients, personnel, visitors and volunteers. This activity shall be pursued through an integrated system which is designed to (1) collect current, meaningful information about unusual incidents within the Hospitals and related service areas, (2) evaluate that information (including the division of this information into meaningful categories for analysis), and (3) follow up with appropriate corrective action.

It is the Hospitals' plan to identify incidents relating to the physical well-being of patients and to have information about those incidents within the time span of the patient's stay in the hospital so that, in cases that would be potentially adverse, Hospital personnel can intervene to determine (1) whether a patient was injured, and, if so, (2) under what circumstances and (3) what remedies might be appropriate for the patient in those circumstances, all prior to the patient's discharge.

It is also the plan to review certain types of problems, to identify general problem areas, and to recommend appropriate action to minimize the possibility of mishaps in those areas. Another aspect of this program is to make a legal analysis of serious incidents and respond immediately with the development of a complete record of the event so as to have available the best possible defense in the event a claim is presented.

## 9. Unit B/C

With the establishment of the Ambulatory Care Management Council in July, 1976 the Hospitals and Medical Staff developed a forum within which the further reorganization of ambulatory care could take place. The Ambulatory Care Management Council is focusing on such things as medical fellows expense, depreciation expense, outpatient administration expense and general building upkeep. In addition, extensive discussions of ancillary services and how they are provided to ambulatory care patients will be pursued in the next several months. Finally, in relationship to the overall budget effort, discussions will take place throughout early 1977 in relationship to individual clinic budget development. It is anticipated that by Spring, 1977, the budget process will be completed.

Departmental requests are now being evaluated. A total of 75 additional full time positions have been identified. Among these are Radiology (7); Ambulatory Surgery (10); Environmental Services (26); Admissions and Business Office (11); Outpatient Nursing (7); and various support services (14). The new services and/or workload changes are now being reviewed. Some of these positions may need to be budgeted to meet transition needs with ultimate staffing levels adjusted to meet actual workload experience. Non-personal costs will also increase as ambulatory care operates in much more adequate and more modern space e.g., heat, airconditioning, maintenance, and depreciation.

The actual physical construction, equipping and planning for the move to Unit B/C is progressing on schedule. It is anticipated that during 1977 major activities will relate to the purchase of fixed and moveable equipment, the planning of graphics for Unit B/C, and the development of a moving schedule and plans for the actual physical relocation into Unit B/C. All hospital departments are involved in this process and a coordinating group is assuring that the transition to the new facility will be implemented as effectively and efficiently as possible.

During 1977 major planning and possible implementation will take place of revised and new systems relating to ambulatory care. Discussions are currently under way related to a new appointment system, on line reporting of test results, a medical record location system, and other systems, all of which would interface with ambulatory care activities.

#### 10. Capital Finance Planning

The hospital is entering a period when capital investment needs will exceed current sources of finance. This is in contrast to the past several years when capital expenditures for equipment, modernization and a few major projects were financed from operating cash flow and reserve funds with some legislative funds in the case of the new Dialysis Center.

Our future capital development program can be thought of as three segments, all of which if accomplished result in maintaining the long-term viability of the hospital. The first segment is to complete those major projects primarily related to current operations, code requirements and B/C related projects. Most, if not all, of these can be financed from current sources or those which will be generated from operations over the next few years.

The second segment contains those projects which address the highest priority needs on a near-term basis. They relate to pediatrics, operating rooms, post anesthesia recovery and intensive care. Funding would come from 1) bank loans, 2) short-term (10 years or less) debt with a single large investor such as an insurance company, 3) State sources, 4) long-term bonded debt, or 5) a combination of the above.

The third segment involves the replacement of beds and some major support services now located in the core complex (commonly called the Mayo complex). Long-term debt plus appropriations, gifts, and grants will be needed to finance this investment in the long-term future of the hospital.

Each segment represents a somewhat unique set of financial requirements and each must be structured so as not to detract or inhibit the succeeding segment. Thus, a capital finance plan will be prepared for Board of Governors consideration. This plan will involve extensive outside consultation and internal University coordination and cooperation. The plan will need to address the systematic timing of needed funds; sources of funds; total costs of debt service and debt service placement; and flexibility, feasibility and desirability of alternative options available.

11. Rural Cooperative

Community-Mercy Hospital of Onamia, Cuyuna Range Hospital of Crosby, Minnesota and Aitkin Community Hospital of Aitkin have agreed to incorporate as a non-profit organization to be known as Advancement of Health Services through Cooperation. This agreement was based on an offer by the University Hospitals to act as a provider to rural hospital cooperatives.

The University of Minnesota Hospitals in fulfilling its health mission is cognizant of its commitment to enhance the medical well-being of out-state residents. The proposal for the establishment of a rural hospital cooperative was based on the premise that rural medical communities have the same problems as larger urban medical communities but much fewer resources with which to solve them, and that the University of Minnesota Hospitals represents a capable agent to provide needed health care support for rural communities.

Services provided to the rural cooperative through University Hospitals may encompass health care professional training and retraining programs; consultation services in such areas as budget, certificate of need, JCAH, medical audit, pharmacy, environmental control, grantsmanship, inventory control, long range planning, billing, staff organization, etc; and assistance in the recruiting of health care professionals.

As this cooperative is evaluated in 1977, University Hospitals will explore the feasibility of implementing similar arrangements with other rural health facilities in Minnesota.

12. Northwest Project

The Northwest Hennepin Health Project is one of the University's major outreach endeavors. This area of Hennepin County consists of fourteen municipalities, covers 172 square miles, and includes a population of over 200 thousand people. Early in 1976, jointly with the Northwest Hennepin



Human Services Council, the University appointed four task forces to investigate areas of need and to determine the local resources which might be available to participate in this program. Many survey instruments were developed and redeveloped, pretested and re-pretested. Considerable funds were spent to obtain valid, up-to-date information which will now be critical to full program planning.

Over 75 local citizens have joined in planning for this project. Physicians and health professionals are also active in the project. This extensive local involvement has caused this to be a time-consuming process, plus the fact that no attempt has been made to implement programs based on pre-conceived concepts of the project. The University has listened patiently to the very sincere concerns of every local participant, which will ultimately bear fruit.

In December of 1976 a program planning and implementation committee will be appointed jointly by the Northwest Council and the University of Minnesota. This program planning and implementation group will utilize the inventories and the surveys that have been completed to determine the real areas of need and how the University Health Sciences will collaborate with local health providers in implementing a program which will not only meet the service needs of the Northwest quadrant, but also the Health Sciences training programs for students at the University.

The specific site of the program, or if there will be a specific site, has not been determined. The University is certain, however, that a program will be implemented during the calendar year 1977. The target is for certain program phases to be completely planned and implemented by spring of 1977. This may not mean that the full and total program will be ready at that time; however, it is the sincere hope that some basic elements will be in place.

13. Health Education

The Department of Nursing Services has been actively participating in patient education for many years. It has relied upon individual nursing stations to develop and implement their own patient education programs

and, in essence, to determine their own priorities in this area. A number of resources have been utilized to develop patient teaching materials including the Public Relations Department, outside "contractors", and the audio visual services of the University. Nursing Services has found that these mechanisms have not been terribly efficient or adequately available.

Following reassessment by the Nursing Department of its general objectives, the decision was made to strongly emphasize patient education, rights and responsibilities. It has, therefore, been proposed that the patient educator position be assigned to the Department of Nursing Services. The position will not be utilized as a health education position, but as a media specialist. This person will then be able to assist members of the Nursing Services staff in appropriate media presentations for patient education. The position will also be used hospital-wide in development of inter-departmental and interdisciplinary programs for patients. As a second priority, the media specialist will be used for orientation and staff development programs for nursing personnel as well as other hospital personnel. Training in isolation techniques, transportation, body mechanics, etc., can optimally be done as an audio-visual presentation rather than a member of the staff repeating such a program. A third priority of the position may involve public education, an extension of patient education into the community.

The Nursing Services Department has the skills and capabilities for content development available through members of the hospital staff. The knowledge and expertise in presenting this content to patients, staff, and public in the most efficient and effective manner will increase with the addition of a media specialist.

#### 14. Research and Development

As part of University Hospitals mission, there exists a commitment to the "advancement of health services management". Much of current management activity involves programs and projects which are both useful from a service perspective and innovative from a research perspective. Little of that activity, however, has been as well oriented toward research, evaluation, and publication as it might have been. Thus, while University Hospitals is currently fulfilling its commitment to the management research and

development function, there is a need for greater coordination of these activities in order to make University Hospitals' efforts better known in the health care field.

The School of Public Health is currently recruiting an individual to direct its research efforts. Cooperation with the School of Public Health, as a project "workshop", will hopefully benefit both the School and the Hospitals in planning, evaluation, and funding of research and development activities. Such cooperation, along with a more conscious orientation toward the "R & D" aspects of ongoing programs, will allow University Hospitals to more adequately fulfill its health services management research and development goals in the coming years.

15. Human Resources Management

A proposal for a three-year plan to improve employee relations in University Hospitals is being developed. The proposal may include specific types of action which address general issues as the improvement of employee morale and productivity and the reduction of turnover through improving the selection process and improving employees' identification with the organization. Another aspect of the plan is the improvement of labor relations in a way that increases manager and employee productivity, reduces time spent in handling union related problems, and promotes a better employee relation climate. The achievement of a more effective and efficiently operating organization by improving communication between administrators, department heads, supervisors and employees will be included in the plan, as will the improvement of managerial and employee morale and productivity by upgrading the supervisory skills of managers and supervisors.

More specifically, a major effort will be made in 1977 to implement a new Performance Appraisal System which has been developed in 1976. The new system utilizes a form which combines reviews for pay for performance, probationary rating, and semi-annual performance into one form.

Supervisors will begin using the new form and user's manual on January 1, 1977. Training for supervisors will be completed by spring or summer of 1977. The training sessions will include how to use the form; how to write accurate job descriptions; how to determine consistent job standards,

and how to conduct a performance appraisal interview with an employee. The new form and training is designed to make performance appraisal more meaningful and effective for employees and supervisors.

A proposal is also being developed by the personnel staff to establish a program to assist employees with a variety of problems which affect job performance. The proposal includes setting up a program committee to develop the policy and procedure of the program, to select an outside diagnostic and referral agency or in-house employee as a counselor, and to evaluate the effectiveness of the program.

Benefits which may be derived from this type of program are improvement of employee morale, employee productivity, management/labor relations and a decrease in absenteeism, tardiness, grievances turnover, etc.

16. Hiring the Handicapped

Section 504 of the Federal Rehabilitation Act of 1974 protects physically and mentally handicapped persons from discrimination in HEW-funded programs.

A proposal for affirmative action guidelines to be used in hiring handicapped persons is being developed for University Hospitals. The proposal will include posting and employer's legal obligation, developing an internal communication program to foster support and understanding of the program by all personnel, and developing a positive recruitment program including contacting agencies which train and refer vocationally handicapped persons and discussing current job vacancies, contacting social service organizations and hospital departments for advice and technical assistance, and providing necessary accommodations to aid in employing handicapped persons.

Although no formalized affirmative action program has been finalized, University Hospitals currently hires qualified handicapped persons.

17. Proposed Child Care Study

The availability and accessibility of child care is of concern to all working parents with young children. To the extent that the lack of adequate child care services affects an organization's ability to recruit and retain reliable

employees, its availability and accessibility is of concern to employers as well. Absenteeism is also increased when suitable child care arrangements are not readily available.

The findings of the recent Citizen's League Report on Child Care suggest that employees, left to their own initiative, will not raise the issue of child care in any organized fashion. Indeed, if the employer does not demonstrate an active interest in pursuing this issue, employees rarely bring it up. Generally the experience of the University Hospitals reflects the Citizens' League's findings, although questions as to the Hospitals' role in facilitating child care services for employees have been raised from time to time.

While the Hospitals may not wish to become a direct provider of child care services for employees, it may well be that the Hospitals could play a valuable supportive and facilitative role in assisting employees interested in organizing such a program. In addition, the Hospitals may explore its potential role as an information and referral source for employees seeking child care information.

During the upcoming year hospital management plans to undertake a reexamination of the hospital's role vis-a-vis child care services for employees. This reexamination will include determining ways to assess the level and types of employee need for child care, as well as identifying alternative ways University Hospitals might assist in meeting these needs.