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University of Minnesota Hospitals and Clinics

Board of Governors

September 26, 1984

1:30 P.M.

555 Diehl Hall

University of Minnesota

Agenda

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III. Hospital Director's Report - Mr. C. Edward Schwartz, Hosp. Director (Information

IV. Committee Reports

A. Planning & Development Committee, Mr. Al Hanser, Comm. Chair

1. Quarterly Purchasing Report (Approval)
2. Year-End Contributions Report (Information
3. Unit J Project Update (Information

B. Finance Committee Report, Mr. Al France, Committee Chair

1. Review of Year-End Financials (Information
2. August YTD Financial Statements (Information

V. Organization for Strategic Planning - Mr. Geoff Kaufmann, Sr. Assoc. Director for Planning & Marketing (Discussion)

VI. Clinical Chiefs Organization, Mr. C. Edward Schwartz, Hosp. Director (Information

VII. Other

VIII. Adjournment

RECEPTION WELCOMING GEOFFREY L. KAUFMANN, SENIOR ASSOCIATE DIRECTOR FOR PLANNING AND MARKETING WILL BE HELD IMMEDIATELY FOLLOWING THE BOARD MEETING IN THE 5TH FLOOR LOUNGE OF THE CAMPUS CLUB

Minutes
Board of Governors
University of Minnesota Hospitals and Clinics
July 25, 1984

CALL TO ORDER:

Present: David Cost, Chair
Mary DesRoches (for David Lilly)
Phyllis Ellis
Al France
Robert Goltz, M.D.
Al Hanser
Lynn Hornquist
Robert Latz
Jerry Meilahn
Barbara O'Grady
C. Edward Schwartz
Neal A. Vanselow, M.D.

Absent: Carl Drake
David Lilly
Virgil Moline
James Moller, M.D.

APPROVAL OF MINUTES

The Board seconded and unanimously passed a motion to approve the minutes of the June 20, 1984 meeting as written.

CHAIRMAN'S REPORT:

Chairman David Cost introduced Mr. Geoff Kaufmann, the Hospitals' new Senior Associate Director for Planning and Marketing and Ms. Mary Ellen Wells, the 1984-85 Administrative Fellow. Mr. Cost also welcomed Ms. Ilene Scallon, a University of Minnesota Law student who is spending the summer with the University Attorneys office.

Secondly, Chairman Cost reviewed the preliminary fall Board retreat agenda. The retreat is to be held September 4-6, 1984 at Minnesuing Acres Conference Center in Wisconsin and will feature Dr. Robert Zelten of the Wharton School as keynote speaker. Mr. Cost asked that Board members review the agenda and forward comments to Ms. Nancy Janda within one week.

Thirdly, Mr. Cost announced the availability of four Gopher football tickets for Board use during the upcoming season. A schedule of games was distributed and Board members were encouraged to call their request into the Board office as soon as possible.

Lastly, Chairman Cost reminded the members of the Board about the July 29, 1984 reception honoring Dr. Paul Quie for his contributions as Chief of Staff. The reception, he noted, will be held from 4:00 until 6:00 p.m., at the Town and Country Club.

Vice Chair Barbara O'Grady apprised the Board of recent activities of the West Metro Trustee Council. The Council recently conducted a survey of metro area employers that asked about anticipated modifications in employees benefit packages. The Council also conducted a second survey of employees that found high technology and quality of medical care to be priorities for employees when evaluating medical care coverage. Mrs. O'Grady also announced a November 16, 1984 forum sponsored by the Council entitled "Re-Regulation of the Health Care Industry: Is it Minnesota's Medicine?".

Hospital Director's Report:

Mr. C. Edward Schwartz reported on progress made in the Medical School Deanship Search process, noting that the pool of candidates had been narrowed to two and that a final decision is expected shortly.

Secondly, Mr. Schwartz informed the Board of two potential programs currently being assessed for feasibility at the University Hospitals. The first, which is being considered as a joint venture with Abbott Northwestern and St. Paul Ramsey Hospitals, would provide hospital to hospital helicopter transport for critically ill patients. A letter of intent to provide this service had been submitted to the Health Board while negotiations regarding the specifics of the cooperative venture with Abbott and St. Paul Ramsey are underway. The Hospitals are also discussing the potential for development of a Spinal Cord Center, which would be based at the University Hospitals and staffed by physicians from a variety of disciplines, with the Spinal Cord Society of America. Mr. Schwartz agreed to keep the Board apprised of developments regarding these potential programs as they occur.

Thirdly, Mr. Schwartz reported that the consulting firm of Arthur Young and Associates, who are conducting a study on the costs of graduate medical education for the Health Care Financing Agency, are also being considered for consultation on a M.A.P.T.H. graduate medical education study. The M.A.P.T.H. group is currently exploring the potential of grant funding to finance that study. Mr. Schwartz also reported that he is working with the Citizens League and Senator Durenberger's office to organize a local forum to explore this topic.

Mr. Schwartz concluded his comments with a few brief announcements. Mr. Chip Kahn will be assuming the staff position in Senator Durenberger's office previously held by Dr. John Tillotson. Mr. Don Van Hulzen assumed the position of Senior Associate Director at the Indiana University Hospitals.

Finance Committee Report:

As the University Hospitals do not summarize year end results until the University closes its' year, the Finance Committee did not conduct its' monthly review of financial statements in June. The Finance Committee, Mr. France reported, did review the University investment portfolio in some detail. Per Mr. France's request, Ms. Mary DesRoches overviewed that portfolio in detail, explaining the composition of each fund and recent returns on each category of investments.

Secondly, Mr. France asked that Mr. Greg Hart review progress to date on the job evaluation study. That study, Mr. Hart reported, is being conducted under the guidance of the Hospitals' Personnel Department with the assistance of Arthur Young and Associates. All job classifications that are primarily populated by Hospital employees are being ranked according to Arthur Young's Decision Band Method. Mr. Hart summarized the Hospitals' reasoning for choosing this particular ranking method and noted that the study would be

concluded this fall with a comparison of marketplace data. In response to a question regarding comparability with the University's job classification system, Mr. Hart noted that the University is currently conducting a similar study and that the Hospitals intend to work with the University Personnel Office in reviewing the results of both studies to evaluate comparability between the results of the two studies.

Thirdly, Mr. France summarized bad debt levels for the fourth quarter of the fiscal year. The Board seconded and passed a motion to approve the write-off of bad debts for the quarter in the amount of $639,486.24.

Lastly, Mr. France reported Regental approval of the 1984-85 budget for the Hospitals, which is based on 178,000 patient days for the fiscal year.

JOINT CONFERENCE COMMITTEE REPORT:

Mr. Robert Latz, presented the Joint Conference Committee report, as he had chaired the July 11, 1984 meeting in Mrs. O'Grady's absence. The Committee, he reported, heard a report by Ms. Diane Bartels and Dr. Ted Thompson on the formation of Biomedical Ethics Consultative Teams, which will assist providers of care at the Hospitals, patients and families in the resolution of ethical questions related to care. Mr. Latz noted that the Committee expressed an interest in seeing a procedural flow chart that would depict the Biomedical Ethics Committee's process in making such ethical decisions.

Secondly, Mr. Latz reported on a recent change to the Hospitals Overnight Pass Policy considered by the Medical Staff/Hospital Council. The objective of this change, he noted, is to maximize reimbursement without disrupting patterns of clinical care. The Medical Staff/Hospital Council had also recently reviewed the utilization of platlet transfusions. Mr. Latz summarized the findings of that study for the Board by noting that the University Hospitals are the nations leading user of platlet transfusions and that potential for reduced use of transfusions had been identified.

Mr. Latz also summarized the review by the Joint Conference Committee of recent Clinical Chiefs activities. The Chiefs decided recently to devote one of four weekly meetings each month to academic matters. Mr. Latz also reported on the recent record review of rectal and pelvic examinations done at the Hospitals and discussion at the most recent Chiefs meeting regarding this record review.

PLANNING AND DEVELOPMENT COMMITTEE REPORT:

Mr. Al Hanser summarized recent Unit J construction progress for the members of the Board. Finishing work continues in the new Department of Therapeutic Radiology and occupancy is expected in the first week of August. Mr. Hanser also reported that the majority of brick work on the "J" building is now complete. The southeast section of the building will remain open until late fall to accommodate temporary elevators. Interior furnishings for the "J" facility are now being reviewed with Hospital employees.

Mr. Hanser also apprised the Board of a question raised recently by the Masonary Institute. Represtatives of the Institute questioned the ability of the Unit "J" external wall system to withstand force exerted by wind pressure on the brick veneer. Mr. Hanser reported that the Twin City Testing and Engineering Laboratory had tested the wall system and affirmed its ability to withstand such force. Per the University's request, some additional

testing is being done to determine the ability of the wall system to resist moisture penetration.

Thirdly, Mr. Hanser reviewed the work to date of the Renewal and Renovation Steering Committee. To date, the Committee has assessed each of the current buildings for structural imparities and reviewed each of the Hospital departments in an effort to measure adequacy of current facilities and needs for the future. A report on these findings will be presented to the Board of Governors and Board of Regents this fall.

Fourthly, Mr. Hanser asked that Mr. Ron Werft review the proposal to replace a 4 MeV Linear Accelerator, which received endorsement at the July 11, 1984 Planning and Development Committee meeting. Mr. Werft reviewed for the Board the operating deficiencies of the 4 MeV Linear Accelerator currently in use and outlined the costs associated with purchasing a new low energy linear accelerator. Mr. Werft noted that this existing 4 MeV unit is fully depreciated and the replacement is an item that was planned for in the 1984-85 capital budget. The Board seconded and unanimously passed a motion to approve the replacement of the linear accelerator at an approximate cost of $418,000.

Lastly, Mr. Hanser noted that the fiscal year 1984 Hospital giving levels reached approximately $716,000, a substantial increase from the previous years $166,000 level.

PROGRAM DEVELOPMENT OBJECTIVE: All three Board Committees had reviewed and endorsed a program development objective designed to provide support to clinical programs that would attract new or incremental patient populations. The objectives reads as follows:

> "The Hospital will establish a fund of one million dollars ($1,000,000) to be used to support approved Clinical Services proposals that will directly enhance Hospital patient activity volumes. Proposals will be reviewed by the Executive Committee of the Council of Clinical Chiefs or a similarly designated panel which shall in turn make recommendations to the Hospital Director. The Hospital shall submit the initial group of project proposals to the Board of Governors for its approval and report subsequent projects on a monthly basis."

The Board seconded and passed a motion to approve the objective as written.

ADJOURNMENT: There being no further business, the meeting of the Hospital Board of Governors was adjourned at 3:20 p.m.

Respectfully submitted,

Nancy C. Janda

Nancy C. Janda
Executive Assistant
to the Board of Governors

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

August 15, 1984

TO: Board of Governors
Planning and Development Committee

FROM: Ed Howell REH
Associate Hospital Director

SUBJECT: Quarterly Purchasing Activity Report.

Attached is a copy of the Hospitals Purchasing Activity Report for the period of May through July, 1984. As you will note, this report includes a full quarter of purchasing activity and therefore more closely represents normal purchasing volume than the previous quarterly report.

Please feel free to contact me if you have any questions or concerns regarding this data.

REH/jem

attachment

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
Materials Management Department
Box 517 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, Minnesota 55455
(612) 376-4460

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

ADMINISTRATIVE REPORT ON PURCHASING ACTIVITY

PERIOD May - July 1984

I. PURCHASE ORDER ANALYSIS

Range	Number of P.O.'s	Total Dollar Value
$0 - $499	3843	$ 497,364.55
$500 - $1,999	563	$ 577,150.15
$2,000 - $4,999	138	$ 433,243.42
$5,000 - $9,999	42	$ 311,117.58
$10,000 - OVER	31	$ 703,748.11
TOTAL PURCHASE ORDERS		$ 2,522,623.81

II. CONFIRMING ORDERS

Range	Number of P.O.'s	Total Dollar Value
$0 - $99	248	$ 23,154.27
$100 - $499	265	$ 67,117.00
$500 - $999	62	$ 49,773.66
$1,000 - $1,999	37	$ 59,563.71
$2,000 - OVER	23	$ 49,092.09
TOTAL CONFIRMING ORDERS		$ 248,700.77
TOTAL PURCHASE & CONFIRMING ORDERS		$ 2,771,324.58

III. SET ASIDE AWARDS

Category	Vendor	Total Dollar Value
Draperies	G.Lee's Slip Cover	$ 4,639.00

IV. PURCHASE AWARDS TO OTHER THAN APPARENT LOW BIDDER

(Attachment A)

V. SOLE SOURCE

(Attachment B)

ATTACHMENT A

IV. PURCHASE AWARD TO OTHER THAN LOW BIDDER

	P.O. NUMBER	VENDOR	TOTAL DOLLAR VALUE	DOLLAR VALUE LOW BID	DEPT.
1.	84-403	Beirsdorf	$2,321.57	$1,905.12	Materials
	Reason:	The material could cause skin irritation and possible abrasion to the patient.			
2.	84-445	Baxa	$5,345.00	$4,012.00	Pharmacy
	Reason:	The scale is difficult to read and is graduated in 2/100's rather than 1/100's			
3.	H006641	Lintex	$2,583.84	$2,401.48	Materials
	Reason:	Samples of low bid pajamas and robes did not finish well in the washing process and were felt to wrinkle too easily.			
4.	84-207	Clark	$7,963.71	$7,401.48	Materials
	Reason:	Lower bidder could not provide evaluation samples within the ten working day period as requiested.			
5.	H009004	Bower & Haack	$2,200.00	$2,109.00	Labs
	Reason:	The user department was not able to obtain the product for evaluation.			
6.	84-433	Transhealth	$6,903.11	$5,371.67	Materials
	Reason:	Products were not Baum brand which was standardized hospital-wide to allow for interchangability of parts and consistancy of blood pressure readings.			
7.	84-344	Proctor & Gamble	$5,572.36	$4,406.40	Materials
	Reason:	Quoted product had no leg gathers, no tucks between the legs and did not contain the specified amount of padding.			
8.	84-354	Associated Medical	$25,489.80	$19,992.00	Materials
	Reason:	Samples for evaluation were not submitted as specified.			
9.	H003707	Medox	$24,700.00	$19,500.00	Patient Mon.
	Reason:	The Tri-Med product was evaluated with unsuccessful results due to an overflow situation arising from a float that stuck.			

ATTACHMENT A

IV. PURCHASE AWARD TO OTHER THAN LOW BIDDER

	P.O. NUMBER	VENDOR	TOTAL DOLLAR VALUE	DOLLAR VALUE LOW BID	DEPT.
10.	84-201	a. Sugikos	$8,853.12	$4,732.80	Materials
	Reason:	Lower bid did not meet specifications because draping design and size were not comparable to currently used items.			
		b. Sugikos	$5,090.40	$3,600.00	Materials
	Reason:	The drape lacks portholes, which are necessary to hold the cables.			
		c. Sugikos	$14,085.12	$12,057.60	Materials
	Reason:	The pack did not contain a water barrier gown.			
11.	84-203	a. AM. Hosp. Supply	$9,093.60	$7,927.20	Materials
	Reason:	The pack did not contain four towels with an adhesive edge, as specified.			
		b. Am. Hosp. Supply	$2,505.60	$1,944.00	Materials
	Reason:	The drape was not a water barrier fabric as specified.			
12.	84-485	Travenol	$127,710.00	$107,370.00	Materials
	Reason:	Travenol higher bid of $20,000+ was chosen because B-D was deemed unacceptable for the following: insufficient sizing, repulsive odor, gloves stick together upon dispensing from the package, insufficient cuff length, too much powder, skin sensitivity problems, fingers feel gritty, fingers pierce the glove, higher priced procedure gloves are being substituted.			
13.	H012385	Alpha Video	$2,309	$2,020	Cardio Resp.
	Reason:	Low bid did not include all items specified.			
14.	H012384	Puritan Bennett	$5,551.70	$4,700.	Cardio-Resp.
	Reason:	Low bid did not include complete package as specified.			
15.	H00661	Angelica	$4,384.80	$3,762.96	Laurdry/Linen
	Reason;	Low bid samples were button type which detach in laundry process.			
16.	84-471	C.R. Bard	$9,720	$6,945.60	Materials
	Reason:	Samples not provided by low bidder for evaluation of product.			
17.	H009314	NuAire	$5,283	$4,620	Labs
	Reason:	Unacceptable power shut of in the hood when the window is open.			

ATTACHMENT A

IV. PURCHASE AWARD TO OTHER THAN LOW BIDDER

	P.O. NUMBER	VENDOR	TOTAL DOLLAR VALUE	DOLLAR VALUE LOW BID	DEPT.
18.	H012077	Electronucleonics	$81,000	$76,725	Labs
	Reason:	Technicon's Ra-1000 does not meet the specification of 300 test per hour throughput and lacks a refrigerated reagent storage that was specified.			
19.	84-481	Gentec	$2,180.80	$1,144.80	Materials
	Reason:	The sample submitted was a bouffant hat, not a nurses floral technique cap, as specified.			
20.	84-481	Gentec	$6,816	$5,054.40	Materials
	Reason:	The surgeons cap was not constructed with an inner sweat band, as specified.			
21.	84-481	Gentec	$72,711	$53,105.96	Materials
	Reason:	Staff complained of breathability problems, which occurred during an eight hour shift. the ties on the mask were ot forty-one (41) inches long, as specified.			
22.	84-483	Whittaker Gen.	$15,364	$8,418	Materials
	Reason:	The shoe cover was not a very durable product, cover began to tear around the soles and heels after only short periods of wear, especially if wet.			
23.	84-351	C.F. Anderson	$6,728	$6,481.20	Materials
	Reason:	(Decubicare Pads): Rejected Dillon brand which was less soft, offering less padding.			
24.	84-509	Medix(for Monoject)	$258,041.97	$252,874.85	Materials
	Reason:	(Syringes, Disposable): BD packageing on 3cc size is unacceptable: It is the old style paper packaging which was difficult to peel open, comsuming time and jeopardizing sterility.			

ATTACHMENT B

V. SOLE SOURCE

VENDOR	CONTRACT/P.O.#	VALUE	DEPARTMENT
Trimed	84-425	Annual Contract	Cardio. Resp. Care
Xerox Medical	84-372	Annual contract	Radiology
Digital Equipment	H009994	$54,127.25	Cardio. Resp. Care
Travenol	84-400	Annual Contract	Nutrition
McGaw	84-401	Annual Contract	Nutrition
Ross Labs	84-402	Annual Contract	Nutrition
Colonial supply	84-409	Annual Contract	Nutrition
Meade Johnson	84-408	Annual Contract	Nutrition
Astrocom	H006646	$7,255.00	O.A.D.
CPT Corp.	H009942	$2,978.00	Labs
CPT Corp.	H009943	$8,139.00	Labs
Digimed	H006642	$45,000.00	O.A.D.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

MEMORANDUM DATE: August 20, 1984

TO: Members of the Board of Governors

FROM: Kenneth E. Merwin, Director of Development KEM

SUBJECT: 1983-84 Contributions Report

A final report of gifts received and deferred gifts booked (expectancies) during the fiscal year ended June 30, 1984, includes a trust that will produce approximately $280,000 when distributed.

Commitments and contributions to University Hospitals and Clinics, with comparative figures for 1982-83 were as follows:

Receipts/Commitments	1982-83	1983-84
Cash contributions	$ 89,312	$253,069
Bequests received	44,922	126,538
Gifts in Kind	6,575	16,019
Expectancies booked	25,000	600,000
TOTALS	$165,809	$995,616

The Transplant Assistance Fund, including contributions without restriction as well as for specific patients, attracted considerable growth this year. In addition, contributions from donor prospects uncovered in the first year of solicitation of patients for the Patients Fund were encouraging as many of those donors repeated their gifts in 1983-84.

In the course of the year we had the opportunity of working with several individuals and/or attorneys as they wrote bequests into Wills being formulated. In most of these cases, we have not been privy to the specifics, but know that the Wills will provide considerable income to use in future years.

In summary, it would seem as though several aspects of our Development Program have progressed well in the first full year of operation.

/nd

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

August 31, 1984

TO: Board of Governors Finance Committee

FROM: Clifford Fearing
Senior Associate Director

SUBJECT: Report of Operations for the Period July 1, 1983 through June 30, 1984.

The 1983-84 fiscal year for University of Minnesota Hospitals & Clinics was a year where declines in length of stay and admissions required UMH&C to make major expenditure reductions to attain its financial objectives. Census declines in September and March of the fiscal year were larger than anticipated in the budget and forced a reduction in the work force and a major curtailment in other operating expenditures. Although UMH&C experienced these declines in utilization, the overall financial objectives of the organization continued to be met. Below are the highlights of the financial results of the 1983-84 fiscal year.

Inpatient Census: The inpatient census for the 1983-84 fiscal year totaled 181,805 days compared to 198,977 days for the previous year, a decline of 17,172 days (8.6%). Admissions for the year totaled 19,991, down by 1,005 (4.8%) from 20,996 in 1982-83. The Hospitals overall average length of stay declined from 9.5 days last year to 9.0 days in the current year.

While we had budgeted for a decline in our inpatient census levels, the change was larger than we anticipated. The decline in patient days was largely the result of a reduced length-of-stay and was experienced in nearly all services. Much of this change is due to efforts by our medical staff. Where its appropriate we have seen increased scheduling of same-day admissions for surgery and greater emphasis on discharge planning, thereby shortening the patients stay in the Hospital. These kinds of changes are seen as positive in light of the changing reimbursement environment.

In addition to the reduced length-of-stay we have also experienced reduced referral and admission levels from a year ago. The largest declines have occured primarily within three services: Gynecology, Medicine, and Surgery. One notable exception where we continue to experience growth is in Adult Psychiatry where we have seen increased referrals associated with the eating disorders and chemical dependency programs.

It is important to note that although we have experienced significant declines in our admissions and patient day levels, these declines are no greater than those experienced within the Twin City community or on a state-wide average. As hospitals adjust to the changing reimbursement environment we will continue to see changes in the delivery of health care that will undoubtably result in lower levels of admissions and shorter lengths of stay.

To recap our inpatient census for the 1983-84 fiscal year:

	1982-83 Actual	1983-84 Budget	1983-84 Actual	Variance	% Variance
Admissions	20,996	20,475	19,991	(484)	(2.4)
Avg. Length of Stay	9.5	9.6	9.0	(0.6)	(6.3)
Patient Days	198,977	197,000	181,805	(14,195)	(7.2)
Percent Occupancy	74.0	72.6	67.5	(5.1)	(7.0)
Avg. Daily Census	545.1	535.5	496.7	(38.8)	(7.2)

Outpatient Census: The Hospitals' outpatient clinic census remained relatively stable in 1983-84, increasing by 126 visits from 210,000 in 1982-83 to 210,186 in the current year. This represents an increase of 0.06% over the prior year and a 0.6% (1,236) increase over the budgeted 1983-84 total of 208,950 visits.

While our total clinic census increased only slightly from a year ago, we have experienced increases and decreases within several clinic areas. The most significant increases occured within Dentistry, Dermatology, Obstetrics/Gynecology, Adult Psychiatry and Ambulatory Surgery. The Ambulatory Surgery Center achieved its second year of 9.0% growth rate by increasing its activity by 239 cases to a total of 2,786 surgical procedures. Areas that experienced a decline in clinic census included Colon/Rectal Clinic, Child Psychiatry, Child Bearing/Child Rearing, Family Practice, and the Emergency Room.

Operations - Revenue: Patient care revenue totaled $180,818,886, a 4.3% variance below the current year budget of $188,871,500. Routine revenue totaled $63,517,415 and represents an unfavorable variance of approximately $4,491,000. While our routine revenue variance was 6.6% below budget, our patient day variance was 7.2% below budget. This difference reflects the fact that we had a higher proportion of patient days within our intensive care units where the daily charges are higher than the overall average. Ancillary service revenue totaled $117,301,471 and was approximately $3,561,000 (2.9%) below budget. The overall ancillary variance primarily reflects the variance in inpatient admissions.

Nearly all ancillary areas experienced revenues below budget. An exception was Pharmacy where we saw revenue levels 7.2% above budget. This variance was primarily due to the increased use of more expensive antibiotics hospital-wide, the use of Antineoplastic in chemotherapy for oncology patients, and the use of Cyclosporin in our transplant programs. Cyclosporin was only approved for use by the FDA during the 1983-84 fiscal year and the revenue and expenses associated with this drug were not included in our 1983-84 budget.

The increase in total patient revenues from 1982-83 to 1983-84 was nearly $6,790,000 (3.9%). This increase was the result of the 9.7% price increase approved by the Board of Governors for the 1983-84 budget year and a 5.8% overall decline in revenues due to changes in volume and the mix of patient care services.

Operations - Expenditures: Operating expenses for the 1983-84 fiscal year totaled $158,552,958 and is an increase of $8,308,000 (5.5%) over the 1982-83 fiscal year. The increase in expense is approximately $3,827,000 less than budget and results in an overall favorable variance of 2.4%. This overall variance is primarily due to the decline in inpatient volume together with the actions taken by management to reduce our expense base. Nearly all expense categories experienced favorable variances.

Personnel costs (salaries and fringe benefits) are below budget by a net amount of $1,010,000. The reduced salary costs are largely the result of the actions taken by management mid-year in response to declining census levels. During the 1983-84 fiscal year we averaged 3,524 full-time equivalents (F.T.E.) which is down 102 F.T.E.s from the budgeted total of 3,626. The unfavorable variance in fringe benefits relates to an adjustment for the under-funding of fringe benefit reserves by the University in 1981-82 of $1,908,000. $737,000 of this adjustment occured in our 1983-84 fiscal year.

Supplies and expense related to patient care activities were approximately $1,182,000 below budget. This would include such things as laboratory and medical supplies, blood and blood derivatives, laundry and food services, critical care equipment rental, etc. However, as noted above, Pharmacy was an area that experienced variances over budget as a result of increased utilization and the introduction of Cyclosporin which was not in the 1983-84 budget. The expense for Cyclosporin accounts for over half the drug expense variance.

We also experienced favorable variances associated with expenditures where the timing of the actual expense was different than what was assumed in the budget. The variances total approximately $1,334,000 and relate to (1) costs of upgrading of our computer main-frame, (2) depreciation expense associated with the purchase of a linear accelerator, and (3) the depreciation and interest expense associated with the Therapeutic Radiology space in Unit J. These costs were budgeted to begin occuring in 1983-84 but will not begin until the 1984-85 fiscal year.

In addition to the above we also experienced favorable variances in many other supply and expense categories totaling approximately $349,000. These were the result of reduced spending for such things as office and computer supplies, custodial supplies, postage, travel, etc.

Non-Operating Revenue: The favorable variance in non-operating revenues is the result of significantly higher investment earnings than what was anticipated in the 1983-84 budget. Our level of earnings was the result of higher average yeilds on both our appropriations and our reserve balances, and being able to maintain a higher than expected average cash balance in our reverve

accounts throughout the fiscal year. We had expected both our Medicare and Medical Assistance Intermediaries to require payment on prior year liabilities and to withhold a higher amount on current payments. These actions did not occur and allowed us to retain a higher than anticipated cash balance for investment.

Accounts Receivable: The balance in patient accounts receivable as of Junc 30, 1984 was $41,612,264. The balance represents 81.3 days of revenue outstanding. The net increase in patient accounts receivable for the 1983-84 fiscal year was $5,019,622. Reflected in the net change is a $820,000 adjustment to the allowance for uncollectable accounts, increasing it from $4,280,000 to $5,100,000. This adjustment is appropriate recognizing the increase in our receivable balance and does not reflect any deterioration in the overall quality of our receivables. The increases we have experienced are primarily due to a lengthening of the payment cycle as payors have had to (1) change their claims processing and reimbursement systems to incorporate changes in regulations and payment methodologies, and (2) increased the number of claims they subject to audit. These factors do not affect the ultimate collectability of our accunts but have increased the length of time it takes to receive payment. A specific area of concern with regard to lengthening of the payment cycle is with Blue Cross, where we have seen an increase in accounts receivable of almost $2,400,000 and we have not experienced any significant change in Blue Cross patient utilization levels. This has stemmed primarily from these new AWARE payment methods. We are currently discussing contract language and hope to improve this situation in the current year.

Capital Expenditures: During the 1983-84 fiscal year the Hospital expended $8,212,000 from operating funds for current year capital expenditures. The major components of our capital spending were: (1) $3,376,000 for recurring equipment and remodeling; (2) $4,000,000 for the Renewal Project; (3) $325,000 toward our Magnetic Resonance Imaging Unit (NMR); and (4) $511,000 for several support projects.

Conclusion: Although UMH&C achieved its financial objectives in fiscal year 1983-84, the year was one of significant change. Major reductions in average length of stay across all departments as the result of enhanced cost consciousness of the physicians, such as wider use of same day surgery and early discharge planning resulted in a reduction in the average length of stay by over 6%. Increased utilization of Ambulatory Surgery, more stringent admission approvals by most third party payors and reduced referrals by other physicians caused the number of admissions to decline over 4% during the fiscal year.

Most of these changes are the result of increased pressure on providers to reduce the cost of health care services. Other cost reduction trends also became more evident in 1983-84. These include a move by many self-insured companies, HMOs and insurance companies to contract with specific providers for specific services and have forced UMH&C further away from fee for service medicine. These changes will require further management actions to enhance revenues and reduce costs to remain competitive.

Significant actions to enhance UMH&C's competitive position are currently underway. These include active contract negotiations with numerous third party payors to secure our markets in transplantation and other specialties, analysis of major cost areas such as fringe benefits to secure equal but less expensive employee benefits, development of joint venture opportunities between physicians and UMH&C to either enhance our patient markets or provide revenue producing non-patient services, and continous management evaluation of ongoing operating costs and efficiencies.

Various uncertainties in reimbursement also face UMH&C. Federal payments for capital costs and graduate medical education costs remain undertermined for fiscal years 1986 and beyond at this time. The outcome of these major federal public policy issues will be significant in the financial future of UMH&C.

The cost conscious trend will continue and will require UMH&C to look to other creative ways to enhance revenues and reduce costs. New ways of market penetration program diversifacation, program affiliation and/or divestiture will be required for UMH&C to remain competitive and sustain its mission in patient service, education and research.

CPF/jem

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

STATEMENT OF OPERATIONS

FOR THE PERIOD JULY 1, 1983 TO JUNE 30, 1984

	Budgeted	Actual	Variance Over/-Under Budget	Variance %
Gross Patient Charges	$188,871,500	$180,818,886	$-8,052,614	-4.3%
Deductions from Charges	36,402,806	35,050,829	-1,351,977	-3.7
Other Operating Revenue	3,210,457	3,428,747	218,290	6.8
TOTAL REVENUE FROM OPERATIONS	$155,679,151	$149,196,804	$-6,482,347	-4.2%
Expenditures				
Salaries	$ 78,110,219	$ 76,459,625	$-1,650,594	-2.1%
Fringe Benefits	14,508,242	15,149,139	640,897	4.4
Contract Compensation	7,473,847	8,036,901	563,054	7.5
Medical Supplies, Drugs, Blood	25,530,532	24,541,238	-989,294	-3.9
Campus Administration Expense	5,226,000	5,226,000		
Depreciation	6,504,726	6,095,448	-409,278	-6.3
General Supplies & Expense	25,026,008	23,044,607	-1,981,401	-7.9
Total Expenditures	$162,379,574	$158,552,958	$-3,826,616	-2.4%
Net Revenue from Operations	$ -6,700,423	$ -9,356,154	$-2,655,731	-39.6%
Non-Operating Revenue				
Appropriations	$ 12,420,450	$ 12,420,700	$ 250	
Interest Income on Reserves	1,838,596	5,881,661	4,043,065	
Shared Service	369,224	401,646	32,422	8.8%
Investment Income on Trustee Held Assets	1,725,000	1,718,832	-6,168	
Total Non-Operating Revenue	$ 16,353,270	$ 20,422,839	$ 4,069,569	24.9%
Revenue Over / -Under Expenses	$ 9,652,847	$ 11,066,685	$ 1,413,838	(1)

(1) Variance equals 0.9% of total budgeted revenue.

Minutes
Finance Committee
University of Minnesota Hospitals & Clinics
July 25, 1984

MEMBERS PRESENT:	Al France, Chair Shelley Chou, M.D. Mary Des Roches Clifford Fearing Jerry Meilahn C. Edward Schwartz
MEMBERS ABSENT:	Carl Drake Richard Kronenberg, M.D.
STAFF:	Greg Hart Nancy Janda Nels Larson Jane Morris Barb Tebbitt
GUESTS:	Mary Ellen Wells Ron Werft

CALL TO ORDER: The meeting of the Finance Committee was chaired by Mr. Al France and was called to order at 9:45 a.m. in the Dale Shepherd Room of the Campus Club.

MINUTES APPROVED: The minutes of the June 20, 1984 meeting of the Finance Committee were approved.

UNIVERSITY INVESTMENT REPORT (INFORMATION): Ms. Des Roches presented the University of Minnesota's investment report for the quarter ended March 31, 1984. She explained that this quarterly investment report is prepared for the Regents and gives more detailed information than the reports presented to the Regents on a monthly basis. Ms. Des Roches highlighted schedules in the report showing market value of portfolios, quarterly changes, departmental distribution of the group investment income and performance by fund managers. She stated that the annual investment report is the real "report card" of activity, and Mr. Schwartz suggested that the annual investment report, when available, be included as an agenda item for the Finance Committee and quarterly reports be mailed to the members of the Committee.

BUDGET ACTION - REGENTS (INFORMATION): Mr. Schwartz informed the Committee that the 1984-85 Hospital budget was approved,as presented, by the Board of Regents at their last meeting. This budget provides for a 7% rate increase.

JUNE CENSUS LEVELS (INFORMATION):

Mr. Fearing reviewed schedules of census data by service for admissions and for patient days comparing the last three months and the year-to-date data for fiscal years 1982-83 and 1983-84. The month of June 1984 showed a 29 - 30 patient increase over May, for an average daily occupancy of approximately 496. Total admissions for 1983-84 dropped to 19,991 from the 1982-83 total of 20,996 (a 5.5% decline). Patient days for 1983-84 totaled 181,805 which is only .4% less than third quarter projections. Clinic visits were right about at budget at 210,186 for the year-to-date.

Gross revenues of $16,476,000 for June 1984 showed a significant increase over previous months. Mr. Fearing stated that he anticipated that all financial targets for the fiscal year would be achieved and the bottom line may be approximately $500,000 better than projections.

Although Receivables did not reach the 80 day goal, they declined to 81 days. Mr. Fearing explained that detailed analysis of the receivables data shows over 40% of the total increase in receivables for the year is attributable to Blue Cross accounts.

LINEAR ACCELERATOR PROPOSAL (ENDORSEMENT):

Mr. Werft introduced a recommendation to the Finance Committee to endorse replacement of a linear accelerator in the Department of Therapeutic Radiology. He explained that this recommendation is justified by the poor reliability and service record of the present machine. Further, if the machine can be replaced now, the cost of moving the old machine will be saved. Replacement cost of $418,021 was anticipated and planned for in the 1984-85 capital budget. Mr. Werft added that by August 6th, all patients will be seen in the new Therapeutic Radiology facility.

A motion to endorse the proposal for replacement of the 4MeV linear accelerator was approved for recommendation to the full Board of Governors.

PROGRAM DEVELOPMENT OBJECTIVE (ENDORSEMENT)

Mr. Schwartz reviewed a letter of recommendation to the Finance Committee outlining a Program Development Objective that would seek to enhance volume by providing support to clinical programs. Mr. Schwartz explained that under this proposal, a Hospital established fund of $1,000,000 would be used to support approved Clinical Services' proposals that would enhance Hospital patient activity volumes. An Executive Committee, established at the June 9, 1984 Clinical Chiefs retreat, would have responsibility for monitoring these efforts.

In response to a question by Mr. Meilahn, Mr. Schwartz stated that the funding for this proposal is not considered to be an advertising expense, but a program budget.

A motion to endorse the Program Development Objective was approved for recommendation to the full Board of Governors.

Mr. Schwartz added that the appointment of a Senior Associate Director of Planning and Marketing would be announced shortly to begin on September 1st.

BAD DEBTS - 4th QUARTER 1983-84 (ENDORSEMENT):

Mr. Fearing reported that bad debts for the fourth quarter of 1983-84 amounted to $667,051.38 (represented by 2,044 accounts). Additional bad debts of $14,199.80 for Home Health Services were also reported. He stated that total bad debts for the 1983-84 fiscal year are $2,180,182.44, or approximately 1.15% of total gross revenues compared to a budgeted level of 2.17%.

A motion was made and approved by the Committee to endorse the bad debt report and recommend it to the full Board of Governors.

PERSONNEL UPDATE (INFORMATION):

Mr. Hart announced that an Employee Advisory Committee has been appointed and will have their first meeting in the first week of August.

Regarding the issue of comparable worth, Mr. Hart stated that the consulting firm of Arthur Young has been hired to study the issue for Hospital dominated job classifications. Phase I of the reviewal process is complete and all Hospital dominated jobs have been "graded". The second phase is underway and will give a market place analysis of these classifications.

ANNOUNCMENTS:

Mr. France announced that there will be no Finance Committee or Board of Governors meetings in August.

The Board of Governors retreat is scheduled for the first week of September, and no Finance Committee is scheduled in conjunction with this retreat.

Mr. Schwartz introduced Mary Ellen Wells to the members of the Committee. Ms. Wells is the new Administrative Resident for University Hospitals.

ADJOURNMENT:

There being no further business, the meeting of the Finance Committee was adjourned at 11:00 a.m.

Respectfully submitted,

Jane E. Morris
Recording Secretary

FINAL DRAFT

SEPTEMBER 11, 1984

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

BOARD OF GOVERNORS

QUARTERLY REPORT TO THE REGENTS

SEPTEMBER 14, 1984

Chairman Krenik, President Magrath, Members of the Board of Regents, ladies and gentlemen, good morning. As always, I am pleased to have this opportunity to overview the recent activities of the Hospital Board of Governors for you. I would like to take a slightly different approach today and begin my presentation with a brief characterization of the environment in which the Hospitals are functioning. As you know, this environment has changed markedly over the last couple of years. Consequently, the Board has devoted substantial effort toward analysis of these changing trends and is with increased frequency, considering policy decisions within this context.

The second portion of my report will summarize the Board's fall retreat held at Minnesuing Acres last week and thirdly, I will overview progress in several areas of ongoing Board responsibility. At the conclusion of report, I will be happy to respond to any questions that you may have.

Environmental Overview

You will recall that until recently, the health care system - its education, research and delivery of services - enjoyed almost limitless access to funding. Employee benefit programs and public programs for the poor and aged assured

hospitals reimbursement for the costs of care rendered. Hospitals needed only to document rising costs to be reimbursed accordingly. The idea of out-of-pocket costs became a foreign one to most consumers. As you know, within a relatively short period of time, these and other factors brought about double digit inflationary factors for the health care sector and what many economists characterized as a dysfunctional market.

Unlike the regulatory efforts of the 1970's, current cost containment policy is based on the conviction that resources can be better allocated through adherence to market principles. Your questions regarding advertising, referral patterns and captive populations following our last presentation tell me that you have been observant witnesses to this shift toward increased competition. Hospitals are forming multi-systems to take advantage of economies of scale. Health maintenance organizations now enroll approximately thirty-six percent of all residents in the Twin Cities. Insurers and employers have become increasingly vocal in decision making and advertising for health care has become commonplace for many.

As you know, the University Hospitals have in no way been immune to this competitive environment. Although overall financial objectives were met in fiscal year 1983-84, we did experience substantial declines in utilization. As a result, the Board of Governors continues to, on a regular basis, review strategies to proactively increase revenue sources and to reduce operating expenses. It has become increasingly evident to us that decision making in the absence of marketplace considerations is counterproductive.

Retreat

The theme of last week's Board of Governors retreat was reflective of this increased attention to the marketplace. We spent three days examining strategic planning and marketing options for the Hospitals. Our keynote speaker, Dr. Robert Zelten from the Wharton School, outlined examples of planning and marketing efforts by other hospitals. Particular attention was devoted to the uniqueness of university hospitals, who often have multiple missions, very ill patients and additional costs for graduate medical education and uncompensated care.

Dr. Neal Vanselow, our second speaker, overviewed current Health Sciences issues for the Board. His presentation provided us all with a greater familiarity with the other Health Sciences units and, I believe, enhanced our ability to consider Hospital issues within that context.

The remainder of our retreat time was spent in reviewing issues more specific to the Hospitals. Examples of topics included efforts to enhance relationships with referring physicians and specific service agreements with local H.M.O.'s.

Three outcomes of the retreat are particularly noteworthy. First, the Hospitals will, as of this month, begin a more formalized strategic planning process and marketing under direction of the new Senior Associate Director for Planning and Marketing, Mr. Geoff Kaufmann. The Board reviewed and approved a planning process that is designed to simultaneously formulate a longer term strategic direction for the Hospitals and to promote current and timely interim marketing efforts.

Secondly, the Board reviewed development to date of a new medical staff organizational concept. The Clinical Chiefs are forming an Executive Committee that will bring together a small representative body responsible for acting on behalf of the staff. Although the specifics of the Executive Committee functioning have not been finalized, it is intended that the Committee would enhance timely and collective decision making in areas such as contract negotiations with H.M.O.'s. The Board expressed enthusiasm for this concept and agreed to lend support to the Chiefs in finalizing this structure.

Thirdly, the Board reviewed and approved a proposed joint venture between Abbott-Northwestern, St. Paul Ramsey and the University Hospitals to operate a helicopter air ambulance program. It is the feeling of the three institutions that a request for licensure to operate an air ambulance would be more favorably received by the Health Board if presented as a cooperative venture. The Board views this as a unique opportunity to further the University Hospitals' mission as a tertiary care referral center, to enhance volumes of referrals and to work cooperatively with other institutions in improving transportation of critically ill patients in the state of Minnesota. Details of this joint venture are in the process of being finalized and a letter requesting an exemption from review has been submitted to the Health Board.

Ongoing Board Responsibilities

My report this morning would not be complete without mention of several ongoing Board responsibilities. In June, the Joint Conference Committee approved the reappointment of physicians to the Hospitals' Medical Staff. That credentialling function included, as it does annually, approval of the appointments to the leadership bodies of the Medical Staff.

The Joint Conference Committee is also responsible for monitoring the Hospitals' accreditation status. As the Hospital will be visited by the Joint Commission on Accreditation of Hospitals in mid-November, the Committee is monitoring preparatory efforts for that review.

The Board of Governors Finance Committee continues to closely monitor the Hospitals' operating position. I am pleased to report that while final audited figures are not yet available, the Hospitals met each and every financial objective set for the year ending June 30, 1984. This was accomplished in a period of considerable change. Enhanced cost consciousness on the part of physicians resulted in a decline in the average length of stay for patients. At the same time, the number of patients being admitted to the Hospital decreased approximately five percent from the prior fiscal year, resulting in an overall decline in inpatient census. Review of efforts to increase revenue sources and reduce operating expenditures continue to consume a large amount of the Finance Committee's attention.

The Finance Committee has also assumed responsibility for the monitoring of the Personnel function on an ongoing basis. The job evaluation study is proceeding as planned and will be concluded shortly with an analysis of marketplace comparisons for certain positions. I am also pleased to report that membership for the Employee Advisory Committee has been finalized. Ten hospital employees, most of whom are non-supervisory, are sitting on that Committee and in fact, I understand that they have already successfully put forth one recommendation regarding employee holidays.

The Unit "J" Project, which is monitored by the Planning and Development Committee, continues to progress on schedule and under budget. As the majority of the external brickwork is complete and the windows are in place, one can now get a very good idea of what the facility will look like when complete in 1986. The Therapeutic Radiology portion of the facility was occupied during the first week in August. The Department is awaiting arrival of a 6 Me V Linear Accelerator, which was approved as part of this year's capital budget. The Nuclear Magnetic Resonance, which will be located adjacent to the department, has been delivered and is being assembled currently. Both patients and staff have expressed a great deal of satisfaction with the new facility.

Options for prudent utilization of the Unit "J" savings continue to be evaluated. Renovation options for existing facilities are being finalized with the assistance of the local consulting firm, Robert Douglass and Associates. The Board of Governors recommendation for utilization of these Unit "J" savings will be presented to you later this fall.

Let me also note that the discussions you have recently begun regarding a patient/visitor parking ramp is of great interest to the Board of Governors. We view our need in this area as a critical one. If we are to succeed in marketing our patient services, access to our facility is an essential element.

The Planning and Development Committee has also assumed responsibility for the monitoring of purchasing activities. During the period of May through July 1984, roughly 4,600 purchase orders amounted to approximately $2.5 million. Twenty-four bids were awarded to other than low bidder, twelve awards were granted to vendors who are the sole source for a product and one set aside award was granted. The Committee reviews, on a regular basis, the details of these purchasing summaries and have been pleased with the implementation of the Hospitals' purchasing system to date.

I am also pleased to report that the Hospitals recently signed a letter of agreement with the Spinal Cord Society of America for development of a Spinal Cord Center at the University of Minnesota Hospitals. The Center will bring together research and treatment efforts for victims of spinal cord injury and will be staffed by physicians from a variety of disciplines. Patients are expected to first be seen at the Center in November.

In conclusion, I would only note that although this does represent a period of change for the University Hospitals, the Board of Governors remain protective of the multiple missions of the institution and are constantly cognizant of the objective of preserving the tradition of excellence that the Hospitals have always been noted for. I would add that the appointment of Dr. David Brown as Dean of the Medical School, was enthusically received by the Board. We look forward to the continuance of a mutually supportive relationship with the School of Medicine under his leadership.

Lastly, I would like to express a note of appreciation on behalf of the Board, to President C. Peter Magrath. Peter has been knowledgeable about and supportive of the Hospitals for many years. We will miss you Peter, and wish you, the best of luck and continued success at the University of Missouri.

If there are questions, I would be happy to respond to them at this point.

ss9-2W849

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

BOARD OF GOVERNORS

BOARD OF GOVERNORS' MEETING

AND

GOVERNORS' COMMITTEE MEETINGS

JULY, 1984

OFFICE OF THE BOARD OF GOVERNORS
B-390 MAYO

CONTENTS

University of Minnesota Hospitals and Clinics
Board of Governors
July 25, 1984
1:30 P.M.
555 Diehl Hall
University of Minnesota

Agenda

I. Minutes - June 20, 1984 (Approval)

II. Chairman's Report - Mr. David Cost, Board Chair (Information

III. Hospital Director's Report - Mr. C. Edward Schwartz, Hospital Director (Information

IV. Committee Reports

A. Finance Committee, Mr. Al France, Committee Chair

1. University Investment Report 3/31/84 (Information
2. Budget Action - Regents (Information
3. June Census Levels (Information
4. Personnel Update (Information
5. Fourth Quarter Bad Debts (Approval)

B. Joint Conference Committee, Ms. Barbara O'Grady, Comm. Chair

1. Biomedical Ethics Committee (Information
2. Medical Staff/Hospital Council Report (Information
3. Clinical Chiefs Report (Information

C. Planning & Development Committee, Mr. Al Hanser, Comm. Chair

1. Linear Accelerator Proposal (Approval)
2. Unit "J" Project Update (Information
3. Brick Veneer Construction (Information
4. Mayo Renovation Planning Progress Report (Information

V. Program Development Objective - Mr. C. Edward Schwartz, Hosp. Director (Approval)

VI. Other

VII. Adjournment

Minutes
Board of Governors
University of Minnesota Hospitals and Clinics
June 20, 1984

CALL TO ORDER: Chairman David Cost called the June 20, 1984 meeting of the Hospital Board of Governors to order at 1:40 p.m., in the Dale Shepherd Room of the Campus Club.

ATTENDANCE:

Present:
David Cost, Chair
Robert Goltz, M.D.
Al Hanser
Lynn Hornquist
Robert Howe, M.D. (for Paul Quie, M.D.)
Robert Latz
J. E. Meilahn
Barbara O'Grady
C. Edward Schwartz
Neal Vanselow, M.D.

Absent:
Carl Drake
Phyllis Ellis
Al France
David Lilly
Virgil Moline

APPROVAL OF MINUTES: The Board seconded and unanimously passed a motion to approve the minutes of the May 23, 1984 meeting as written.

CHAIRMAN'S REPORT: Chairman David Cost welcomed Ms. Mary Knutson from Outpatient Administration and Ms. Sofia Landry, Head Nurse-Station 43, as guests to the Board meeting. Secondly, Chairman Cost acknowledged the recent resignation of President C. Peter Magrath, who will be assuming the presidency of the University of Missouri in January, 1985. Mr. Cost indicated that a formal search process to seek a successor to President Magrath had not yet been announced. Thirdly, Chairman Cost noted the June, 1984 article in Town & Country magazine entitled "The Best Medical Specialists in the U.S." that listed the University of Minnesota Hospitals and Clinics as an outstanding hospital and included several of the University of Minnesota Hospitals & Clinics staff physicians. Dr. Neal Vanselow indicated that Part I of the article, printed in the Spring of 1984, also included several physicians from the University of Minnesota.

Lastly, Chairman Cost asked Vice Chair Barbara O'Grady to highlight her June 8, 1984 presentation to the Board of Regents. Ms. O'Grady indicated that the presentation, including Mr. Schwartz's budget overview, lasted about 45 minutes and focused on heightened Board efforts toward strategic planning and marketing, the current strategies to respond to a volatile demand for inpatient hospital services and the Unit "J" building project. Regental discussion following the presentation, Ms. O'Grady explained, centered around

four questions including whether the University Hospitals are planning to advertise, whether referring physicians relationships are strong and prospering, whether the University Hospitals expect to become increasingly affiliated with clinics and HMO's and whether some kind of combined billing system might be in sight.

SPECIAL RECOGNITION:

Mr. Schwartz provided the Board members with background information on the newly developed employee recognition award, the Donna Ahlgren Award for Outstanding Service. Ms. Donna Ahlgren, he explained, held a variety of positions at the University Hospitals in Personnel, Nursing, and most recently, in the Facilities planning area, until her death in October, 1982. This recognition award, named in Ms. Ahlgrens honor, was granted for the first time this year to Ms. Sofia Landry for her repeatedly demonstrated outstanding service to the University Hospitals and the community. Ms. Landry thanked the Board for their show of appreciation and spoke briefly about what the receipt of this award meant to her.

HOSPITAL DIRECTOR'S REPORT:

On the topic of recruitment, Mr. Schwartz noted that a preferred candidate for the Senior Associate Director for Planning and Marketing position had been identified and that a final round of interviews, that included Board members, was in process. The Medical School Deanship Search Committee has resumed its work with a small list of candidates, he reported, and the Public Health Deanship group has been reactivated and will be utilizing an executive search firm to assist in that process. A committee has also been appointed, Mr. Schwartz noted, to identify a successor to Dean Lawrence Weaver at the School of Pharmacy.

June 21, Mr. Schwartz reported, marks the welcoming of the new class of medical residents. A full orientation program had been planned, to which Board members added a few suggestions. Lastly, Mr. Schwartz asked that Board members reserve the afternoon of July 29, 1984 from 4:00 until 6:00 p.m., for a reception in honor of Dr. Paul Quie at the Town & Country Club.

JOINT CONFERENCE COMMITTEE:

Committee Chair Barbara O'Grady introduced three approval items for Board consideration, all of which the Joint Conference Committee had reviewed and endorsed at their June meeting. Those items included the Credentials Committee Report that documented the annual review of all Medical Staff appointments, the re-appointment of the Clinical Chiefs for 1984-85 and the Medical Staff/Hospital Council Committee Chairmen appointments for the same period of time. Following a brief discussion the Board seconded and unanimously passed a motion to approve all three of these documents as written.

Secondly, Ms. Barbara O'Grady turned to Dr. Robert Goltz for a summary of the June 9th Clinical Chiefs Retreat. Following the summary of the days activities, Dr. Goltz reported on several specific outcomes including the development of a multi-purpose Clinical Chiefs executive committee, the endorsement of institutional objective to encourage programs that provide new or incremental patient volumes, the agreement to further evaluate current potential relationships with the Community University Health Care Clinic and lastly, an agreement to evaluate the potential of bringing some of the services currently operated by University physicians at other institutions back to the University Hospitals.

Lastly, Mrs. O'Grady asked that Ms. Barbara Tebbitt update the members of the Board on the strike of the Minnesota Nurses Association (MNA). The major issues, Ms. Tebbitt reported, include the use of part-time versus full-time nurses and seniority considerations during layoffs and cut-backs. The Univerity of Minnesota Hospitals and Clinics, Ms. Tebbitt reported, are admitting approximately 8% more patients than before the strike and are experiencing staffing shortages particularly in the intensive care units and in the pediatric areas as a result of the strike. Temporary nurses are being hired to assist the University of Minnesota Hospitals and Clinics nursing staff during this busy period.

PLANNING AND DEVELOPMENT COMMITTEE REPORT:

Committee Chair Al Hanser reported several information items to the Board including the settlement of co-axial cable contract with the Northwestern Bell Telephone workers, the recent media inquiry regarding Socially and Economically Depressed (SED) contractors being used on the Unit "J" project, a concern expressed by the Masonary Institute regarding the strength of the Unit "J" external wall system and an update on current status of the Mayo Heart Renovation planning. That planning, Mr. Hanser reported, is being conducted under the guidance of the Renovation and Renewal Steering Committee with the assistance of Robert Douglass & Associates. To date, Robert Douglass & Associates have evaluated the current condition of existing buildings, the current space occupied by departments and are in the process of evaluating future space needs based on set criteria developed in the Renewal and Renovation Steering Committee. The Committee work is expected to be concluded in September of 1984.

Mr. Hanser summarized progress on the Unit "J" building project with particular note to the recent dedication of the Therapeutic Radiology Department and the progress made on the plans for the recently allocated shell space. Mr. Hanser also shared a copy of the Quarterly Purchasing Report with the members of the Board and noted that the numbers reflected on the report will typically be higher due to an inherent lag time in the bid purchase cycle and the fact that the Purchasing Policies were in effect for only a portion of the reporting period. Lastly, Mr. Hanser summarized the findings of the Benz, Whaley, Flessner & Associates Capital Gifts Planning Study. The study concluded in sum, that the Hospitals should not, at the present time, actively pursue select targets of development opportunities for gifts to Unit "J". He also noted that the Planning and Development Committee had passed a motion endorsing the following development activities:

1. Do not pursue formal fundraising campaigns specificially for Unit J.

2. Develop a central list of needed equipments and furnishings for potential donors to review.

3. Enhance current system to better direct potential donors toward the appropriate giving opportunities.

FINANCE COMMITTEE REPORT:

In the absence of Committee Chair Al France, Mr. J. E. Meilahn reviewed the proceedings of the Finance Committee meeting. Recapping the month of May, Mr. Meilahn noted 55 fewer admissions than budgeted for and a lower overall length of stay, resulting in a patient day total for May of 14,514, which is 1919 days below budget. May clinic census totaled 18,692, while 17,969 were projected, he reported. Net revenues

from operations through the month of May show a net loss of approximately $9 million, which is nearly $2.3 million greater than budgeted for. Per Mr. Meilahn's request, Mr. Fearing reported on current discussions with Medicare auditors regarding prior year reimbursement settlements. According to Mr. Fearing, preliminary meetings with the auditors indicate that additional reimbursement will be forthcoming from Medicare for the 1983 fiscal year. Further, Mr. Fearing noted, any 1983 fiscal year settlement will be included in the current years operating statements, per customary accounting standards.

Lastly, Mr. Meilahn presented for Board consideration the selection of the 1984-85 budget levels. The Finance Committee recommended that the base line budget (19,676 admissions and 178,861 patient days) be approved as the operating budget for 1984-85 and that if necessary, the budget be adjusted during year if operating levels indicate that a change is necessary. Mr. Fearing noted that management continues to support the committment to a 7% price increase and operate within the revenue levels provided by that increase. The capital expenditure portion of the budget was unchanged from the May meeting.

The Board of Governors seconded and unanimously passed a motion to approve the 1984-85 budget as recommended by the Finance Committee.

ADJOURNMENT: In closing, Board Chair David Cost read aloud a letter from Mrs. Timothy Vann expressing her pleasure at having served on the University of Minnesota Hospitals and Clinics Board of Governors and noting her intent to keep in close touch with the happenings at the Hospital. There being no further business, the meeting was adjourned at 3:30 p.m.

Respectfully submitted,

Nancy C. Janda

Nancy C. Janda
Executive Assistant
to the Board of Governors

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

July 25, 1984

TO: Board of Governors Finance Committee

FROM: Clifford P. Fearing
Senior Associate Director

SUBJECT: Bad Debts - April 1, 1984 through June 30, 1984.

The total amount recommended for bad debt of Hospital accounts receivable during the fourth quarter of 1983-84 is $667,051.38, represented by 2,044 accounts. Bad debt recoveries during this period were $27,565.14, leaving a net charge off of $639,486.24. A statistical summary, a detailed description of losses over $2,000, and a description of recoveries over $200 are attached.

Total bad debts for the 1983-84 fiscal year are $2,180,182.44.

Also enclosed for your approval are $14,199.80 of Home Health Services accounts.

CPF/jem

enc.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

July 25, 1984

David W. Cost
Chair
Board of Governors
University of Minnesota Hospitals & Clinics

Dear Mr. Cost:

I am writing to ask that the Board approve the replacement of the 4MeV linear accelerator in the Department of Therapeutic Radiology. You will recall that this is one of the short-term support projects included in the 1984-85 capital budget which the Board asked to review prior to acquisition. This accelerator is one of three treatment machines used by the department. The original plan was to move the existing 4MeV accelerator from Mayo to Unit J when the new Department of Therapeutic Radiology opened. As you know, the new department is also equipped with a 20MeV and a 25MeV, both of which are new.

The rationale for replacing the 4MeV accelerator at this time is based on the downtime and service difficulties associated with the present EMI-4 machine. The 4MeV accelerator was purchased in 1976 and replaced under warranty in 1978 for poor reliability. Over the past five years, the EMI-4 has averaged 237 hours of missed treatment time per year or approximately 9% downtime during treatment hours. This compares with a current industry standard of 1-2%. During the first six months of 1983-84, this machine had eleven major failures requiring five service visits from the manufacturer. A summary of the reliability of this unit is attached.

From the reliability and service record, it is apparent that replacement of the 4MeV accelerator is justified. In addition, there are two reasons for recommending immediate replacement: (1) The expenses associated with moving the existing unit will be avoided, and (2) a reliable low energy 4MeV is required as a backup for the two high-energy accelerators with their expected relatively higher failure rates.

The existing 4MeV unit is fully depreciated. The cost of replacement is $418,021. The source of funding for this project is reserves which will be replenished through patient revenues. This item was anticipated and planned in the 1984-85 capital budget.

I appreciate the Board of Governors' consideration of this recommendation.

Yours sincerely,

Ron Werft

Ron Werft
Associate Director

RW/sds

Enclosure

EMI-4 RELIABILITY REPORT

prepared by Chris Deibel, Ph.D.

In 1976, an SHM-4 accelerator was installed. Its reliability was so poor that in 1978 it was replaced under warranty by the present EMI-4. The EMI-4 reliability data we have accumulated is summarized in table I (attached). The data is from three sources: 1) EMI service reports, 2) T-Rad electrical tech records (1982-1983), 3)T-Rad treatment tech records since 4/83. These data differ for the following reasons: 1) We have very skilled in-house electrical technicians, so EMI was called only when all local efforts at machine repair failed, 2) Our electrical techs logged only major faults, 3) T-Rad treatment techs logged all faults.

Review of Table I shows that reliability of this machine has not improved with use. In fact, reliability of the EMI-4 is just about as bad as the SHM-4 it replaced. Due to major faults, we are losing in excess of 250 hours per year of treatment time, which is in excess of 10% of our total treatment time. If we include all faults (from the treatment tech's report), we lose 4 x 67.5 = 720 hours per year, or about 11% of total treatment time. Although we average 11 major failures per year, if minor failures are included, this jumps to an estimated 120/year.

To put this record into perspective, compare our machine with the Varian Clinac 4 (Table 2). Varian follows over 600 machines. These machines mostly do not have local electrical technician support as we do. The average Varian 4 under warranty has approximately 10.4 service calls per year, while those machines out of warranty have 6.9 service calls per year. The mean time to repair after receipt of a service call is 5.3 hours, so most failures

reported are not major failures. This causes 60 hours of down time per year, only about 20 hours of which is during the usual treatment day. Thus the average Varian installation under warranty loses about 1% of total available treatment time each year, with an even better record for out of warranty machines.

The present cost of retaining this machine in this department is quite high. We lose revenue each day the machine is down. More important are the radiobiological consequences of delaying treatment when no machine is available and the effect on staff and patient morale.

The consequences of moving this machine to our new department are ominous.

1. Reliability is known to become worse after a machine is moved.
2. In the new department we will have two new high energy accelerators, one which has been stored for 5 years. High energy accelerators are more complex than low energy machines and are known to have much higher failure rates than lower energy machines. Thus it is extremely important to have a reliable 4 MV accelerator in this new department.
3. Bone marrow transplants are expected to increase by 65% from 1983 to 1984, to nearly equivalent to a full time workload for one machine. Total body irradiations cannot be delayed. Because of the increased patient load due to total body irradiations, we will not have spare machine time to make up for the failings of the EMI-4.

TABLE 1

EMI-4 Reliability Summary
(24 hours basis)

	ATC Service Visits/yr	Major Failures/ yr	Hours Down from ATC Service Reports	Hours Down U of M Service Major Faults	Total	Total Missed Time 10 hr/day basis
1983 (first 6 months)	5	11	170	86.5	256.5	125 hrs
1982	6	11	348	212	560	289 hrs
1981* (Partial record)	3	N/A	170	N/A	N/A	120 hrs
1980	6	N/A	659	N/A	N/A	250 hrs
1979	11	N/A	683	N/A	N/A	278 hrs
1977	9	N/A	708.6	N/A	N/A	

*Incomplete Records

Treatment Technician Records: hours treatment time lost 4/15/83 - 7/19/83

failures = 31

Treatment hours lost = 67.5

TABLE 2

Reliability, U of M EMI-4 vs Varian Clinac-4

	U of M EMI-4	Varian Clinac-4
failures/year	120 est., 11 major	10.4/6.9*
% treatment time lost/year	11%	<1%/<0.7%*
treatment time lost/year	250 hrs**	20 hrs/13.4 hrs*
machine down time/year	550 hrs***	60 hrs/40 hrs*

*under warranty/out of warranty

**Using only lost treatment time during 10 hour day. If it appeared from the service report that patients were treated, even though machine was faulting, only actual hours service men worked on the machine are included. If machine was inoperative, travel time is included.

***Using hours elapsed from when service person arrived until he left, plus travel time.

TABLE 3

EMI-4 failures as logged by technicians who used the machine 4/83 - 7/83

Date of Failure	Treatment time lost
4/15	2 hr:45 min
4/19	30 min
4/20	1 hr
4/22	30 min
4/27	5 hr:30 min
4/28	9 hr
4/29	9 hr
5/3	30 min
5/10	30 min
5/12	2 hr
5/24	30 min
5/25	1 hr
5/27	1 hr
6/1	9 hr
6/3	15 min
6/6	30 min
6/7	15 min
6/8	15 min
6/9	15 min
6/10	15 min
6/13	45 min
6/14	7 hr:45 min
6/15	1 hr
6/17	30 min
6/20	45 min
6/21	30 min
6/30	30 min
7/15	2 hr:30 min
7/18	5 hr
7/19	4 hr

TABLE 4

EMI-4 reliablity data from service reports and records

* means actual hours machine was down during the day as logged by T-Rad repair tech

Col. 1 = hours worked by EMI service men.

Col. 2 = hours elapsed from when servcie person arrived to when he left.

Col. 3 = Col. 2 + 1/2 travel time

Col. 4 = Col. 2 + full travel time billed

Col. 5 = travel time

Col. 6 = best estimate of actual lost treatment time, (+) means add to this travel time because machine was dead.

Filament Hours		1	2	2 + ½TT 3	2 + TT 4	Travel Time 5	Lost Treatment Time 10 hr/day
	1983						
	* 7/19-7/20	1 day					10
	* 6/14	4.5 hr					4.5
	* 6/1	1 day					10
11321.9	5/16-5/17	13.5 hr	22	29.25	36.50	14.5	2
	* 4/27-4/29	2.5 day					25
	* 4/15	2 hr					2
	* 4/5	4 hr					4
11024.6	4/2	3.5 hr	3.5	8.5	13.5	10	3.5
10746.5	2/17-2/20	27 hr	68	71	74	6	34 + TT
	2/12-2/13	15.5 hr	29.5	32	34.5	5	
10654.2	2/7	1.5 hr	1.5	6.5	11.5	10	14 + TT
					170		

TABLE 4 (continued)

Treatment Hours		1	2	2 + ½TT 3	2 + TT 4	Travel Time 5	Lost Treatment Time 10 hr/day
	1982						
10070.4	11/4	8 hr	8	11.5	15	7	2
	* 8/25-8/31	4 day					40
	* 6/29	3.5 hr					3.5
9111.2	6/14-6/15	13 hr	31.5	36.5	41.5	10	7
8850	5/7-5/11	47 hr	94	98	102	8	50 + TT
	* 4/3	5 hr					5
	* 4/15-4/16	1 day + 1.5 hr					11.5
8583	4/5-4/8	41 hr	79	83.5	88	9	40 + TT
	3/31-4/1	14.5 hr	28.5	32.5	36.5	8	12
	* 3/29-4/1	4 day					40
9632.4	8/30-9/1	21 hr	52	58.50	65	13	40 + TT
					348		
	1981						
	12/1-12/4	28 hr	65	72	79	14	36 + TT
7361.8	10/14-10/17	33 hr	67	73	79	12	40 + TT
6586	7/	4 hr	4	8	12	8	10 + TT
					170		
	1980						
4122	7/30-7/31	12 hr	28	32	36	8	14
3543	5/17-5/22	46 hr	104	108	112	8	50 + TT
3432	4/30-5/2	22 hr	50	54	58	8	26 + TT
3368	4/22-4/25	34 hr	74.5	78.5	82.5	8	36 + TT
	3/26	6 hr	6				5
	3/18-3/27	93 hr	364	367.5	371	7	80 + TT
					659		

TABLE 4 (continued)

Filament Hours		1	2	2 + ½TT 3	2 + TT 4	Travel Time 5	Lost Treatment Time 10 hr/day
	1979						
2412	12/11-12/12	16 hr	28	31.5	35	7	17 + TT
2285	11/28-11/30	20 hr	52.25	56.25	60.25	8	25 + TT
1899	10/1-10/4	28 hr	74	78	82	8	22
	8/29-9/4	37 hr	80	85	90	10	24
	9/1-9/2	16 hr	32				20
	7/26-7/27	11.5 hr	27.5	32	36.5	9	6
919.5	5/15-5/18	30 hr	76	77	78	2	50 + TT
927.7	5/19-5/21	17 hr	61	62	63	2	10
801.6	4/25-4/28	26 hr	74	78	82	8	26
	4/4	10 hr	10	15	20	10	10 + TT
523.2	3/13-3/16	27 hr	74	78	82	8	33 + TT
					683		

11/29/78 -- SHM machine removed

	1977						
2905	6/1-6/2	12 hr	40	43	46	6	
2871	5/26-5/27	10 hr	32	35	38	6	
2643	4/18-4/22	42.5 hr	129.5	132.5	135.5	6	
2585	4/12-4/15	27 hr	72.5	75.5	78.5	6	
2473	3/28-4/1	34 hr	97	100	103	6	
2430	3/21-3/24	28.5 hr	74	77	80	6	
	3/14-3/18	39 hr	99	102	105	6	
2332	3/7-3/11	50 hr	103.5	106.5	109.5	6	
	1/25	7 hr	7	10	13	6	
					708.5		
	1976						
1724	12/8	10 hr	10	13	16	6	

- In 1978 the accelerator was replaced under warranty.
- We have included data from all service records that we have. It appears that data is is missing in 1978 and 1981.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

TO: Members of the Board of Governors

FROM: C. Edward Schwartz, Hospital Director

DATE: July 25, 1984

SUBJECT: Program Development Objective

During the month of May the Board of Governors reviewed the Institutional Objectives for the Hospital for the 1984-85 fiscal year. At that time an objective was proposed that would enhance volume by providing support to clinical programs that would attract new or incremental patient populations. The Hospital agreed to work with the Clinical Chiefs to define such an objective and to make a recommendation to the Committees, and subsequently to the Board of Governors. The purpose of this memorandum is to propose that objective.

Background

The Hospital initiated discussion regarding this objective with the Clinical Chiefs during their retreat on June 9, 1984. At that time, the Chiefs agreed to establish an Executive Committee of the Clinical Chiefs and empower that Committee with monitoring responsibility for these efforts. The Hospital proposed that a portion of that monitoring effort would include receiving proposals from the various Clinical Services and to make recommendations to the Hospital Director on those proposals deemed to be of the greatest merit. The Hospital now proposes the following objective to guide that process.

Objective

The Hospital will establish a fund of one million dollars ($1,000,000) to be used to support approved Clinical Services proposals that will directly enhance Hospital patient activity volumes. Proposals will be reviewed by the Executive Committee of the Council of Clinical Chiefs or a similarly designated panel which shall in turn make recommendations to the Hospital Director. The Hospital shall submit the initial group of project proposals to the Board of Governors for its approval and report subsequent projects on a monthly basis.

Recommendation

It is recommended that the Board of Governors approve the above objective.

CES/sds

CURRICULUM VITAE

PERSONAL DATA

Name:	Geoffrey L. Kaufmann
Address:	2408 Cohansey Street Roseville, Minnesota 55113
Telephone:	612-482-9062
Birthdate:	January 13, 1952
Marital Status:	Married, two children

PROFESSIONAL EXPERIENCE

I have eight years of experience as a professional hospital consultant. During this time I have worked on projects for over 100 hospitals in the United States and Canada. These projects have been diverse in their application of health care consulting skills and have included studies and services in: role and program planning, strategic planning, marketing and market research, certificate of need preparation, medical staff problems and planning, financial planning, need and demand measurements, facility space planning and special studies. I have strong problem-solving skills as well as excellent communication and interpersonal skills with individuals at all levels.

June 1976 to present — James A. Hamilton Associates, Inc., Minneapolis, Minnesota. Staff Consultant: 1976-78, Associate Consultant: 1978-80, Senior Consultant: since 1980.

Role: Progressive responsibilities in the Division of Role, Program and Strategic Planning. Extensive project management in hospitals from 50 beds to over 700 beds. I now function as a member of management in the Division helping to assign projects, set budgets and oversee staff work. In addition to project work, I direct the inservice function for our firm and serve on numerous in-house committees.

October 1975 to June 1976 — Michael Reese Medical Center, Chicago, Illinois
Administrative Assistant

Role: Member of the Department of Professional Affairs. Responsibilities included the development of hospital program priorities, the planning of the School of Health Sciences, the ongoing evaluation of problem-oriented medical records, the organization of a hospital-wide patient education system, and coordination of community relations.

June to August 1975	Minneapolis Health Department, Minneapolis, Minnesota Summer Intern
	Role: Performed a statistical analysis of the major health problems of Hennepin County. Identified target populations and major health problems for future financial commitment of Minneapolis Health Department funds.

EDUCATION

June 1976	M.A., University of Chicago in Health Policy and Planning. Course work taken in the Graduate Schools of Business and Social Service Administration in health care policy, planning, administration, economics, organization, and management. GPA of 3.8 on a 4.0 point scale.
May 1974	B.A., St. Olaf College, Northfield, Minnesota, majoring in biology, minoring in chemistry and psychology.

ACADEMIC ACTIVITIES

Adjunct Faculty	Program in Hospital and Health Care Administration, University of Minnesota 1978 to present. Teach courses in planning, departmental operations, advanced problem solving and a practical clerkship.
Faculty	Independent Study Program for Health Service Administrators, University of Minnesota 1979 to present. Teach planning and marketing courses to students in hospital administration, ambulatory care administration, mental health care administration, and nutrition.
Guest Lecturer	Baccalaureate Nursing Program, St. Olaf College, Northfield, Minnesota

OTHER PROFESSIONAL ACTIVITIES

Vice-Chairman of the Board of Trustees of Gillette Children's Hospital, St. Paul, Minnesota
Chairman of the Long-Range Planning Committee of Gillette Children's Hospital
Vice-Chairman of the East Metro Hospital Trustee Council (St. Paul group of hospital trustees to determine future of area health delivery system)
Member of Twin City Hospital Trustee Conference Committee
Board Member, Robert Wood Johnson Foundation Grant—Programs for Affordable Health Care
Board Member of the Children's Miracle Network Telethon
Member of the American Association of Hospital Consultants
Member of the American College of Hospital Administrators

PUBLICATIONS AND SPEAKING

Author, article in October 1982 Issue of Modern Health Care on the Impacts of the Latest Therapeutic Technologies

Co-author, article to appear in upcoming pediatric journal on transitional care

Speaker, American Hospital Association Annual Meeting, Atlanta 1982 on "Emerging Therapeutic Technologies"

Speaker, American Hospital Association Annual Meeting, Houston 1983 on "Helping Hospitals Through the DRG Maze"

Moderator, panelist at each of the seven Twin City Hospital Trustee Conferences since 1980

INTERESTS

Family activities, competitive long-distance running, racketball, camping, photography, furniture restoration, gardening, and professional musicianship

References available upon request

Minutes
Finance Committee
University of Minnesota Hospitals & Clinics
June 20, 1984

MEMBERS PRESENT:	Jerry Meilahn, Acting Chair Shelley Chou, M.D. Mary Des Roches Carl Drake Richard Kronenberg, M.D. Clifford Fearing C. Edward Schwartz
MEMBER ABSENT:	Al France
STAFF:	Greg Hart Nancy Janda Nels Larson Jane Morris Barbara Tebbitt
GUESTS:	David Cost Lynn Hornquist

CALL TO ORDER: The meeting of the Finance Committee was chaired by Mr. Jerry Meilahn and was called to order at 9:45 a.m. in Room 626 of the Campus Club.

MINUTES APPROVED: The minutes of the May 23, 1984 meeting of the Finance Committee were corrected to read as follows: "Mr. Fearing noted that since FTEs generated the primary area of expense, the current FTE count of 3,460 would be reduced to ~~3,476.4~~ 3441.4 in the base budget and to 3,286.4 in the contingency budget." The minutes were approved as corrected.

MAY YTD FINANCIAL STATEMENTS (INFORMATION): Mr. Fearing reviewed the Report of Operations for the period July 1, 1983 through May 31, 1984. He stated that the month of May has continued to reflect a downturn in census. Inpatient admissions for the month of 1,670 were 55 below the projected month's admissions. Overall average length of stay was 8.7 days during May, compared to the YTD average of 9.1 days. The outpatient census remains slightly over budget at 18,692 visits during May and the YTD total of 191,471 visits is 0.7% above projected visits.

Total revenues over expense are $8,589,378, a favorable variance of $320,284, and this variance continues to be due in most part to investment income. The net loss from operations through May of $9,049,753 is approximately $2,255,000 greater than the budgeted net loss of $6,794,284.

Mr. Fearing stated that Patient care charges are 4.4% below budget and routine revenue is 6.5% below budget. Ancillary revenue declined during May reflecting a lower acuity level.

Expenses remain below budget by 2.4% as a result of both the decline in census levels and cost reduction actions taken by management last fall.

Accounts Receivable for May improved on a per day basis with 83.4 days of revenue outstanding as of May 31, 1984.

Mr. Fearing reviewed the Statement of Operations with explanations of areas showing the most variation from budgeted levels. In response to an inquiry by Mr. Meilahn regarding University and Hospitals investments, Ms. Des Roches offered to provide the Committee with the last quarterly investment report distributed to the Regents. Mr. Schwartz asked that this report be included on the agenda for discussion at the next meeting of the Finance Committee.

Mr. Fearing announced that a meeting took place yesterday with UMH&C and the Medicare Intermediary regarding adjustments that have been made to UMH&C's cost report for FY 1983. He stated that an improvement of approximately $1.5 million, at minimum, can be expected for 1984 FY prior year adjustments.

The Operating Cash Flow statement shows cash available of $1,884,041 after transfers to Renewal Project of $3,666,667, transfers to debt retirement of $2,566,666, and transfers to Plant of $3,258,928. Total cash generated from operations to date is $11,376,302. Mr. Fearing noted that overall, UMH&C is achieving the adjusted financial targets for 1983-84.

HOSPITAL BUDGET FOR 1984-85 (ENDORSEMENT):

Mr. Fearing presented a letter to the Finance Committee from Hospital Director Edward Schwartz recommending that the base line budget be approved as the 1984-85 operating budget. This recommendation is made based on increased June census levels and expectations that efforts outlined by the Clinical Chiefs at their June 9, 1984 retreat will have a positive impact on future census as well. In the event that census levels would not continue at the base line assumptions, Hospital management is in the process of preparing a plan to make the necessary reductions to move to the contingency plan within 30 days, if necessary.

A discussion followed focusing on comparisons of the base line budget and contingency budget, and possible implications involved with each. The reduction in FTEs that would be necessary with adoption of the contingency budget was the primary concern, particularly because of the increased operating level and nursing requirements at University Hospitals due to the current

nurses strike. Ms. Tebbitt explained that in the event that the census level falls off, steps are already being taken to prevent a large lay-off; primarily by re-hiring nurses into temporary positions making reductions possible through attrition.

A motion was made to endorse adoption of the base line budget as the 1984-85 operating budget for University Hospitals and to recommend this budget to the full Board of Governors for approval. The motion was unanimously approved by the Committee.

ADJOURNMENT: There being no further business, the meeting of the Finance Committee was adjourned at 12:00 p.m.

Respectfully submitted,

Jane E. Morris
Recording Secretary

MINUTES

Joint Conference Committee

Board of Governors

July 11, 1984

ATTENDANCE

Present: Robert Latz, Chairing for Barbara O'Grady
Paula Clayton, M.D.
Phyllis Ellis
Robert Maxwell, M.D.
James Moller, M.D.
C. Edward Schwartz

Absent: Glenn Gullickson, M.D.
Barbara O'Grady

Staff: Greg Hart
Nancy Janda
Kassie McManus

Guests: Dianne Bartels
Ted Thompson, M.D.
Mary Ellen Wells

APPROVAL OF MINUTES:

The minutes of the June 13, 1984 meeting of the Joint Conference Committee were approved as submitted.

BIOMEDICAL ETHICS COMMITTEE:

Ms. Bartels and Dr. Thompson reported on the formation of the Biomedical Ethics Committee consultative teams, which will assist UMHC providers of care and patients and their families in the resolution of ethical questions related to patient care. Ms. Bartels summarized the committee's procedures and stressed its consultative role in patient care decisions. The committee will offer assistance through a consultation team consisting of a physician, a nurse, and selected persons from the committee after an initial screening process to ensure the concern raised is a primarily ethical issue.

It was suggested during discussion that a procedural flow chart be designed and presented to the Board of Governors so its members can be aware of the Biomedical Ethics Committee's role in the deliberation of ethical decisions, particularly related to the consultative process.

The Joint Conference Committee discussed several aspects of Biomedical Ethics issues, including those of legal liability and documentation. The Committee thanked Dr. Thompson and Ms. Bartels for their report.

PROGRAM DEVELOPMENT OBJECTIVE:

Mr. Schwartz requested the Joint Conference Committee's endorsement of the proposed institutional objective of the Hospital and Clinical Chiefs to enhance volume by providing support to clinical programs that would attract new or incremental patient populations. One million dollars from last year's budget surplus will be used in this support effort.

Mr. Schwartz indicated that the Executive Committee of the Council of Clinical Chiefs or a similarly designated panel will make recommendations to the Hospital Director, who will submit the initial group of project proposals to the Board of Governors.

The motion to endorse this program development effort was approved.

MEDICAL STAFF/HOSPITAL COUNCIL REPORT:

Dr. Moller reported the MS/HC's endorsement of the change in the Hospital's Overnight Pass Policy. The change is that patients who formerly were put on "pass day" status when out of the hospital overnight will now need to be discharged and readmitted. Mr. Hart pointed out that the objective of this policy change is to maximize reimbursement without disrupting patient care patterns.

Dr. Moller also reported on the Transfusion Committee's Platelet Utilization Study. UMHC is the nation's leading user of platelet transfusions, costing over two million dollars annually. This is due in part to the large number of programs at UMHC which require platelet transfusion. The study showed there may be room for reduced use, since two-thirds of the transfusions are done as a preventive measure. Recommendations and Guidelines for the utilization of platelets are being developed by the committee. The MS/HC accepted the committee's report and requested a follow-up study within one year. It was suggested that this type of effort could be used in a Public Relations effort to show the Hospital's efforts to contain costs.

CLINICAL CHIEFS REPORT:

Dr. Clayton reported on the efforts of the Nominating Committee for a Dean of the Medical School. Two people will be interviewed during the next few weeks.

It has been decided that one of the four monthly meetings of the Clinical Chiefs will be devoted to academic matters.

Dr. Clayton also reported on the recent record review of rectal and pelvic examinations done at the Hospital, and the discussion at the most recent Clinical Chiefs meeting.

ADJOURNMENT: There being no further business, the meeting adjourned at approximately 7:20 pm.

Respectfully submitted,

/Mary Ellen Wells/

Mary Ellen Wells
Administrative Fellow

Minutes
Planning & Development Committee
Board of Governors
July 11, 1984

CALL TO ORDER: Committee Chairman Al Hanser called the June 13, 1984 meeting of the Planning and Development Committee to order at 10:45 a.m., in Hospital Dining Room III.

ATTENDANCE:

Present:
Al Hanser, Chair
Lynn Hornquist
William Krivit, M.D.
Virgil Moline
C. Edward Schwartz
I. Dodd Wilson, M.D.

Absent:
Clint Hewitt
John LaBree, M.D.

Staff:
Cliff Fearing
Greg Hart
Ed Howell
Nancy Janda
Mark Koenig
Ron Werft

Guests:
David Cost
Seymour Levitt, M.D.
Mary Ellen Wells

APPROVAL OF MINUTES: The Committee seconded and passed a motion to approve the minutes of the June 13, 1984 meeting as written.

UNIT "J" PROJECT UPDATE: Mr. Mark Koenig summarized recent Unit "J" construction progress for the members of the committee. Finishing work continues in the new Therapeutic Radiology Department, he reported, while fine tuning of the linear accelerators is in process. New patients to the Therapeutic Radiology Department are expected to begin receiving treatment in the Unit "J" facility on July 23, 1984 as part of a phased in move process. The target date for the department to be fully occupying their new facility is August 6, 1984. Mr. Koenig noted that signage on campus will be updated to reflect occupancy of this portion of the building.

Mr. Koenig also reported that the majority of the brick work on the "J" building is now complete. The southeast section of the building will remain open until late Fall to accomodate temporary elevators. Mr. Koenig also reported that the elevators that were added as part of the Unit "J" upgrade have been incorporated into the building design plans and are expected to be completed in 1986 with the remainder of the facility. Lastly, Mr. Koenig noted that the interior furnishings for "J" are now being reviewed with hospital employees.

BRICK VENEER CONSTRUCTION:

Mr. C. Edward Schwartz apprised the committee members of a question raised recently by the Masonary Institute. Representatives of the Institute questioned the ability of the Unit "J" external wall system to withstand force exerted by wind pressure on the brick veneer. Mr. Schwartz explained that the University has asked the Twin City Testing and Engineering Laboratory to perform tests to determine the strength of the wall stud system. The results of these tests affirmed that the wall system would indeed withstand force exerted by lateral wind pressure. Further, Mr. Schwartz explained that the University has also asked the Twin City Testing and Engineering Laboratory to test the wall system to determine its ability to resist moisture penetration. The results of that test will be available in approximately 30 days. University representatives have asked to meet with the Board of Architect's Complaint Committee to review this issue when the second series of tests are concluded.

4MEV LINEAR ACCELERATOR REPLACEMENT:

Dr. Seymour Levitt and Mr. Ron Werft presented a proposal to replace a 4 MEV Linear Accelerator in the Department of Therapeutic Radiology. Mr. Werft explained that the 4MEV linear accelerator currently being used has averaged 9% downtime during treatment hours, which far exceeds an industry downtime standard of 1-2%. Eleven major failures during the first six months of 1983-84 fiscal year required 5 service visits from the manufacturer. Additionally, Mr. Werft and Dr. Levitt explained that the immediate replacement of the 4MEV linear accelerator, which was purchased in 1976, would avoid expenses associated with the transfer of the existing unit and that a reliable low energy linear accelerator is an important backup for the two high energy accelerators currently in the new facility.

Mr. Werft noted that the existing 4 MEV unit is fully depreciated and is an item that was planned for in the 1984-85 capital budget. The Planning and Development Committee seconded and passed a motion to replace the linear accelerator at an approximate cost of $418.000. Further, the Committee suggested that the Certificate of Need preparation and submission proceed as quickly as possible.

MAYO RENOVATION PLANNING PROGRESS REPORT:

Mr. Cliff Fearing reviewed the work to date of the Renewal and Renovation Steering Committee. Currently, Committee members include Mr. Fearing, Dr. David Brown, Dr. Thomas Ferris, Dr. Neal Gault, Mr. Greg Hart, Dr. Paul Quie, Ms. Barbara Tebbitt, and Dr. Roby Thompson. The Committee charge, he explained, includes the development of planning assumptions and criteria for the renovation project, the identification of cost savings derived from alternate uses of Unit "J" surplus funds, the development of a renovation master plan and, should renovation proceed, the monitoring of the renovation process to completion. The firm of Robert Douglass and Associates has, to date, assessed each of the current buildings to determine structural impairities and reviewed each of the hospital departments in an effort to measure adequacy of current facilities and needs for the future.

Substantial Committee discussion followed regarding the appropriate forums and methodologies for assessing clinical program viability.

Dr. Krivit reaffirmed his interest in seeing improved facilities for house staff post Unit "J". Mr. Fearing concluded by noting that the Renewal and Renovation Steering Committee hoped to complete its work in September and that the Board could expect to see recommendations of the Committee in October.

PROGRAM DEVELOPMENT OBJECTIVE:

Mr. C. Edward Schwartz introduced the Program Development Objective by noting that this additional Institutional Objective was writtern per a May Planning and Development Committee recommendation. The objective, he explained, is designed to provide support to clinical programs that would attract new or incremental patient populations. The objective was developed in conjunction with the Clinical Chiefs and reads as follows:

> The Hospital will establish a fund of one million dollars ($1,000,000) to be used to support approved Clinical Services proposals that will directly enhance Hospital patient activity volumes. Proposals will be reviewed by the Executive Committee of the Council of Clinical Chiefs or a similarly designed panel which shall in turn make recommendations to the Hospital Director. The Hospital shall submit the initial group of project proposals to the Board of Governors for its approval and report subsequent projects on a monthly basis.

The Planning and Development Committee seconded and passed a motion to endorse the objective as written. The objective will be forwarded to the full Board of Governors for final consideration at its July meeting.

OTHER:

Mr. Schwartz announced the selection of Mr. Geoffrey L. Kaufmann as the new Senior Associate Director for Planning and Marketing. Mr. Kaufmann is a 1976 graduate of the University of Chicago's Master Program in Health Policy and Planning and has been with the local consulting firm of James A. Hamilton Associates, Inc. since June, 1976. Mr. Kaufmann is scheduled to begin work at the University of Minnesota Hospitals on September 1, 1984. Mr. Schwartz also introduced Ms. Mary Ellen Wells, the 1984-85 Administrative Fellow. Ms. Wells is a 1984 graduate of the Minnesota Program in Hospital and Health Care Administration and will be working with the administrative staff on a variety of projects during the year.

Lastly, Mr. Hanser noted that the fiscal year 1984 University of Minnesota Hospitals and Clinics giving levels reached approximately $716,000, a substantial increase from the previous years $166,000 level. Mr. C. Edward Schwartz noted that Mr. Ken Merwin will be detailing year end results for the committee at its next meeting.

ADJOURNMENT: There being no further business, the meeting of the Planning and Development Committee was adjourned at 12:05 p.m.

Respectfully submitted,

Nancy C. Janda

Nancy C. Janda
Executive Assistant
to the Board of Governors

Six years ago, *Town & Country* published what became one of our most requested features—a guide to the best medical specialists and specialty treatment centers across the country. Since then, new treatments have been developed and new medical stars have arisen; therefore we feel it's time for a new look at the best medical care available today.

T&C's EXCLUSIVE DIRECTORY

THE BEST MEDICAL SPECIALISTS IN THE U.S.

PART I

BY JOHN PEKKANEN

There is no question about it: great differences exist in the quality of medical care available in this country, and choosing wisely can be a matter of life and death. According to a Congressional study, a patient may have *twice* the chance of dying from an operation by having it performed at one hospital rather than another. With this in mind, *Town & Country* has revised and updated its original guide to the best doctors and medical services in this country. That 1978 article, which formed the basis of the book *The Best Doctors in the U.S.*, went to the doctors themselves to ask the basic question: to whom would you turn in case of your own illness? More than one thousand physicians were queried, by phone, personal interview and by questionnaire, to create the listings for that book and its 1981 revision. For this update, more than 300 physicians were queried to bring the new listings up-to-date, to add names of young physicians who had established themselves, and to delete those who had retired.

Those listed here have gained national recognition for a number of reasons, and are judged by their peers to be superior doctors. What was sought was not simply a physician's research reputation, but his skills as a clinical doctor. It is clear the physicians who know the skills of other physicians best are those in the same specialty. For that reason the names of the physicians listed here were included only after a number of physicians within their same specialty or subspecialty concurred. Names which were submitted were checked and rechecked to arrive at a consensus as to who were the best. Granted a promise of confidentiality, the doctors were exceedingly blunt in their appraisals.

Why were they so open? Many doctors felt patients should have more decision-making power over their own care. Many outstanding doctors believe laymen should know more about the medical profession. They feel medicine should be demythologized and should be made more accessible. They agreed patients should be more aware of the background of their doctor and more aware of those factors that may indicate he or she is of superior (or inferior) quality. "It is really a good way to police our profession," one doctor said. "If people become better informed, doctors will have to improve or they'll have fewer patients."

Certainly not every outstanding physician in this country is listed here. There are literally tens of thousands of them. Many don't come to national recognition because they do not publish widely, or belong to the national medical organizations, or do other things where they come to the attention of, and are evaluated by, their peers.

There are, however, a number of ways to increase your chances of finding a good doctor. It is crucial that you be very careful in selecting any doctor for yourself. To be casual about the selection of a family doctor because you only rely on him to treat the usual run of illnesses is a mistake. It is your family doctor or general internist who is your entry point into the medical system.

The key qualifications of a doctor are:

Board Certification. Physicians overwhelmingly support board certification as an important factor in choosing a doctor. In commenting on board certification, one doctor said: "It establishes the doctor has been exposed to what his peers regard as suitable training. More importantly, it indicates that he is aware of the public and that the requirements of medical care demand some sort of tangible measurement of training, experience, and reliability and that he is willing to live within an established system even though it has many flaws."

To be board certified, a physician must have graduated from medical school, completed his residency and two or three years of supervised specialty training at an approved medical institution, and pass a difficult, full-day test.

How can you find out if a doctor is board certified? One way is to ask him or her, but most people are too embarrassed to be that direct. Another way is to call your local medical society. And yet another way is to look him or her up in the *Directory of Medical Specialists.* This is a large, three-volume book which contains the name of *every* physician in this country and abroad who has passed his or her U.S. specialty boards. The directory is available at all medical libraries and also at many public libraries. A word of cau-

tion: If a doctor's name does not appear, check further. Some physicians request to be omitted from the listings.

University Affiliations. Physicians also say it is very important for doctors to have a university affiliation of some kind. They point out that in university-affiliated hospitals there is a more critical climate and physicians there are more likely to be competent. This is one of the reasons these listings are so heavily weighted with physicians with academic affiliations.

There are other qualities which usually signify a good doctor. One who takes time with you, explains things in plain English, and treats you as a whole person instead of someone with a disease are very positive signs. Even the most exalted physician should do this. A good doctor will also admit if he's stumped and refer you to someone else, or at least call in other doctors for a consultation. When a patient's life is on the line, it is no time for false pride, one doctor said. Also, a doctor should never stand in your way of getting a second opinion. If he does, doctors agree, leave him and get another doctor. He is revealing too much insecurity.

A final note. Many of the doctors in these listings are very busy with patients, teaching and research. Some are easily reachable, others more difficult. You should be persistent if there is a certain doctor you want to see. Some even appreciate the attention and the ego gratification.

Although every effort was made to assure the quality of the physicians appearing on these lists, you must never ignore your own judgment, because medicine, like life, offers no guarantees. Make certain the physician you see lives up to the standards of a good doctor. If he doesn't, find someone else. It's your body, and your life.

CARDIOLOGISTS

The major advance in cardiology in recent years is a technique called angioplasty, or the balloon-catheter technique. This involves threading a small catheter into the coronary artery. Attached to the end of this catheter is a balloon device which, when it reaches an area in the artery where plaque buildup causes a narrowing, is inflated to push the plaque open and create much greater blood flow.

The technique was perfected by Dr. Andreas R. Gruentzig, who appears on this list, and is used in selected cases in the place of coronary by-pass surgery. Perhaps only five to ten percent of the patients normally candidates for by-pass can benefit from angioplasty.

In other areas, cardiologists perform two vital functions: they diagnose the extent and type of heart condition the patient has, and in cases where surgery is indicated, they advise the patient where to go for it. It is well to remember that at virtually all university affiliated hospitals, the cardiologists and heart surgeons remain independent of one another and thus you are more likely to get a candid opinion from a cardiologist as to whether you need heart surgery or not. In some institutions, the heart surgeons run the show, and, according to the doctors, some people may be given heart surgery who may have benefited equally from other, less invasive treatments.

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Professor of medicine. A pioneer in the balloon-catheter technique.

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HEART SURGEONS

Virtually every major hospital in the country today has a heart surgery team, and the major operation they perform is the coronary by-pass. It is estimated 150,000 of these procedures are performed every year in this country. As a general rule, the best heart surgery teams are those which perform surgery most frequently. There is no fixed number which determines how many operations a year are enough, but centers which do less than 200 a year are not considered highly active. The Massachusetts General Hospital, for example, performs well in excess of a thousand heart operations a year. At the very best centers, the survival rate for a coronary by-pass is 98-99 percent.

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LUNG SPECIALISTS

Lung specialists are involved in the diagnosis and treatment of a number of lung diseases, from emphysema to chronic bronchitis. Most all of these diseases are aggravated, if not caused, by cigarette smoking. Often these illnesses cannot be cured, but by a variety of treatment techniques they can be ameliorated.

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THORACIC SURGEONS

Besides lung cancer, thoracic surgeons operate on a number of conditions related to the chest area. Emphysema sometimes causes blisters on the lung which require surgical removal, as do benign tumors. Also the esophagus is operated on by thoracic surgeons, as is the trachea.

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F. HENRY ELLIS, JR.
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NEUROLOGISTS

Neurologists specialize in a wide range of disorders from strokes to epilepsy to headaches. Many neurologists have special interests in specific areas or in specific diseases and these are mentioned.

Neurology continues to make important progress. A number of disorders, which at one time could only be diagnosed but not treated, can now be treated. In some cases the treatment can reverse the dise other cases it can only diminish the s of the symptoms.

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SEYMOUR DIAMOND
Diamond Headache Clinic, Ltd.
5252 North Western Avenue
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Works exclusively with headache problems

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Professor of neurology, Oregon Health Sciences University.

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Oscar Reinmuth
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Professor of neurology; special interest in the effects of poisons on the nervous system.

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Professor and chairman of neurology.

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NEUROSURGEONS

Neurosurgery has been revolutionized in recent years by the advent of the operating microscope, an instrument which enlarges the surgical field several fold and permits the physician to perform much more precise surgery for such procedures as aneurysm repair and pituitary tumors.

Like most surgical specialists, neurosurgeons subspecialize in different areas, such as tumors, cerebrovascular, seizure, pituitary gland and pain surgery. However, most of the neurosurgeons listed here do a range of neurosurgical procedures.

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Associate professor of neurosurgery; special interest in cerebrovascular surgery.

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WILLIAM KEMP CLARK
University of Texas Southwestern Medical School
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Professor and chairman of neurosurgery.

WILLIAM F. COLLINS, JR.
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New Haven, CT 06510
Professor of neurosurgery; interest in pituitary tumors, spinal injury.

CHARLES G. DRAKE
SIDNEY PEERLESS
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Dr. Drake is considered the most experienced aneurysm surgeon in the world. Dr. Peerless is his associate. They get referrals world-wide.

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RICHARD FRASER
New York Hospital-Cornell Medical Center
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GEORGE T. TINDALL
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Professor and chairman of neurosurgery; special interest in brain and pituitary tumor surgery.

NICHOLAS T. ZERVAS
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Professor of surgery, Harvard; special interest in disk, tumor and pituitary surgery.

OTOLARYNGOLOGIS

ENT specialists have special interest number of areas, including head and cancer surgery. Those who are noted this are so identified. In addition, some interests in ear tumors, middle ear d ders, taste and smell disorders, voice d ders and larynx reconstruction, ear facial paralysis and other ENT problem

BOBBY R. ALFORD (head and neck)
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Professor and chairman of otolaryngo special interest in neurological ear lems and salivary glands.

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ORAL SURGEONS

Oral surgery has in recent years evolv into a complex and demanding specialty th blends both dentistry and surgery.

Many oral surgeons are now involved in number of different areas, but perhaps t newest is orthognathic surgery, which volves repositioning of malformed jaw Some jaws protrude too much, some n enough. Oral surgeons reconstruct both t sue and bone and create a jaw structure which the teeth can function properly, ar which is more aesthetically pleasing.

Oral surgeons can perform bone grafts repair parts of the jaw lost to cancer or inj ries, and they also can reconstruct ma formed gum tissue that prevents the teet from functioning properly. Some oral su geons also do cleft palate repair.

Other procedures often done by oral su geons include tooth extractions, treatmer of mouth infections, facial pain, building base for the replacement of lost or damage teeth, repair of jaw fractures, removal c cysts and other benign growths, and ora cancer surgery. Oral cancer surgery is onl performed in consultation with oncologist and other cancer specialists.

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ROGER WEST
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Noted for his work with jaw deformities.

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OPHTHALMOLOGISTS

Ophthalmology has branched into five major adult subspecialties and the physicians listed here generally practice only within their subspecialty. These are:

Glaucoma. Caused by increased pressure within the eye, this condition remains one of the leading causes of blindness. It is treated both with drugs and surgery.

Cornea and external eye disease. The cornea is the transparent membrane in the front of the eye and it can be damaged by injury or infection. In the best selected cases, cornea transplants now have a 90 percent chance of success.

Retina and vitreous. Diabetes is a disease which often causes retinal damage, but there are other causes including retinal detachment from injury. The vitreous, the clear gel that fills the center of the eye, can also be damaged by diabetic problems and in some cases, ophthalmologists subsubspecialize in vitreous surgery.

Neuro-ophthalmology. This subspecialty deals with visual and eye movement problems that involve the nervous system. Both neurologists and ophthalmologists subspecialize in this area.

Ophthalmic-plastic surgery. This is a smaller and new subspecialty which involves surgery to correct problems in the eye orbit, the eyelids, and the tearing system. Tumors, congenital malformations, or injuries can cause problems in these areas.

Glaucoma Specialists

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Nearly 20 million Americans suffer some type of digestive disease, and these can range from ulcers to cancer. Like many other specialists, gastroenterologists develop special interests in certain areas, including inflammatory bowel disease, pancreatic problems, or esophageal problems, such as hiatal hernias and swallowing problems. There have been a number of important advances in the treatment and diagnosis of digestive diseases in recent years. New drugs have tamed ulcers, and the endoscope, although sometimes overused, remains a very effective diagnostic tool.

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GI SURGEONS

GI, or gastrointestinal, surgeons operate on the various organs within the digestive system. GI surgeons are general surgeons who, besides performing routine hernia operations and appendectomies, often have special interests. In some cases, these special interests, such as pancreatic, biliary tract, or liver surgery, in fact become subspecialties. Some surgeons also have special interests in operations for obesity. Although this procedure has often been overdone, when indicated, it can be a beneficial procedure. As of now, the gastric bypass, rather than the intestinal bypass, is more widely accepted.

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ALLERGISTS & IMMUNOLOGISTS

The disorders allergists treat include asthma, hay fever, insect stings, drug allergies and occupational allergies. This last category includes allergies to materials in industry as well as agriculture.

Allergy and immunology are linked because allergic reactions are tied to an abnormal immune response in the body. Rather than creating a protective immunity, the body reacts differently and creates antibodies which do harm instead of good. Detection of the allergen is important because once known, it may be possible to avoid. There are also many forms of treatment that can provide relief.

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Part II of *The Best Medical Specialists in the U.S.* will follow in the June issue.