UNIVERSITY HOSPITALS AND CLINICS

Interim Report

of the

Annual Plan for 1976

January to June

Submitted to the Board of Governors

by

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INTRODUCTION TO THE INTERIM REPORT

The Statement of Mission and Goals of the University Hospitals and Clinics as presented in the Annual Plan for 1976 remains unchanged. Providing quality health delivery programs, educational opportunities, research potentials, and management advancements continues to be the quest of all the Health Sciences.

The Annual Plan for 1976 also contains descriptions of certain areas of concentration which are seen as essential if the goals of University Hospitals and Clinics are to be achieved with the desired high level of quality. In the first six months of 1976, change, in terms of progress achieved, has occurred in these areas and has been accomplished concurrent with the overall objectives stated in the Annual Plan.

The purpose of this Interim Report is to provide an informational up-date of activities occurring relative to these key result areas. The time span covered is from January to June of 1976. The format used follows that of the Annual Plan.

A. PATIENTS

1. Patient Sensitivity

The Patient Sensitivity Committee which began meeting in March of 1976, has carefully reviewed data obtained from patient, physician and employee surveys. The Committee has determined to direct its activities toward those concerns expressed by patients specifically and in do so is working closely with the Patient Relations Department. According to data provided by that Department, patient questions, problems, and concerns appear to generally be caused by patients receiving insufficient information relating to both general and medical matters. The Committee is presently discussing various methods to improve the dissemination of information to patients and is considering developing a uniform flyer to prepare patients for their first visit to University Hospitals. The Committee is also involved in developing a presentation for the Residents' Orientation and Medical Staff Semi-Annual Meetings to assure an awareness among Medical Staff members of the importance of keeping the patient informed of the rationale behind their care processes. Simultaneously, the Committee is planning a program of personal patient interviews to assess the impact of these efforts and others.

The Patient Sensitivity Committee therefore, views it self as an on-going committee serving in an advisory capacity to both the Medical Staff/ Hospital Council and the Management Committee. The Committee is looking forward to not only making recommendations, but following those recommendations through to implementation, and monitoring their progress and affects.

2. Senior Patients

Examination of questionnaires received from patients over the age of 65 has revealed no noticeable differences from those responses received from all other patients. It is felt that this does not necessarily indicate that senior patients have no unique problems or concerns, but only that the questionnaires may not be the best mechanism by which those concerns can be made known.

Most recently, Senior Citizens have brought their health care concerns to the fore-front through their in-put in the legislative hearings on nursing homes. In February of 1974, Senator George Conzemius, Chairman of the Health, Welfare, and Corrections Committee appointed a select committee to investigate nursing homes in Minnesota. This committee, chaired by Senator John Milton, met jointly with a House Select Committee on Nursing Homes. In January of this year these committees made public their report documenting fourteen principal recommendations and nine legislative proposals. Of particular interest is the following recommendation from that report:

> "Encourage the University of Minnesota Health Sciences campus to increase its course offerings in gerontology and related areas for medical and nursing students."

University Hospitals is committed to participation in the planning which will be initiated to accommodate gerontological interests in the Health Sciences. Investigations will be made into the services required to provide a clinical setting for service, teaching, and research in the field of health care for the aged.

3. Patient Discharge Information

The Medical Audit - Medical Records Committeee of the Medical Staff/ Hospital Council is providing the direction for the informational content for the Patient Discharge Information document. The committee is reviewing patient information presently available and discussing the possible inclusion of each item in the document to be presented to the patient after discharge. Future discussions will analyze the alternatives available to actually produce the document for each patient. The objective is to produce such a document with a minimum inpact on present workload.

4. Comprehensive Epilepsy Program

The University Health Sciences Center is in the process of renegotiating with the Federal Government the second year contract for the Comprehensive Epilepsy Program. In addition, the opening of the Diagnostic Treatment and Rehabilitation Unit is schedule for July 1, 1976. Despite some difficulty in locating an appropriate inpatient site for the station, there is confidence that the treatment program will be opened on schedule. Following a short orientation period, it is estimated that the average patient census in the Diagnostic Treatment and Rehabilitation Unit will be twelve patients per day. Presently, the Outreach Program is progressing satisfactorily and there already exists a waiting list for admission to the Unit once it is opened.

5. Chemical Dependency

Station 61 of University Hospitals is a clinical investigations unit for the Department of Psychiatry. The unit consists of 12 beds and

is maintained by a research trained staff. Consideration is presently being given to the designation of 4 of these beds as clinical research beds for projects relating to chemical dependency. As in all such cases, providing service to the patient is the primary goal of University Hospitals. However, with respect to chemical dependency, it is within the area of research that the University of Minnesota can make a unique contribution in this community. It is felt that four beds so designated could provide treatment and adequately accommodate research projects with an emphasis on bio-medical, behavioral, pharmacological, and sociological research.

Another element being considered for inclusion as a part of this program is the acquisition of a chemical dependency counselor to co-ordinate follow-up care for chemically dependent patients, to provide consultation services throughout the hospital, and to serve as a liaison to the community. An assessment will also be made as to how the program might accommodate the training needs of Health Sciences students interested in working with chemically dependent patients. Should this program be initiated, the Alcohol and Other Drug Abuse Programs Office for the University of Minnesota has requested $16,000 for seed money to promote research interest in the program.

6. Outreach

In January of 1976, 40 local residents of the Northwest Hennepin County area joined the University Health Sciences Planning Team and the Northwest Human Services Council to begin a massive information gathering effort as a basis for planning the outreach health care program for

that area. This large group has divided into four task forces with specific charges and Health Sciences staffing.

The Health Care Resources Task Force is exploring the available health care providers, programs, and facilities in the Northwest area. It will not only inventory existing services but will attempt to determine future plans and preceived areas of need. A second task force is updating all available, pertinent census data and demographic health statistics. Environmental problems and transportation needs are also being studied by this group. The School Health Services Task Force is gathering information on existing and planned social and nursing services available through the local school districts. The Community Attitudes and Perceptions Task Force is planning a survey of the Northwest area communities to determine consumer needs and priorities in health care. This group will utilize local volunteers to conduct house to house surveys.

It is anticipated that the task forces' surveys and data collection will be completed by June 30th. Jointly then, with the local citizens, the survey information will be tabulated, collated, and analyzed. This process will consume most of the summer months, at the completion of which, firm program development will be initiated. It is hoped that with the continuing involvement of local Northwest residents, the health care program will be in operation by late Fall of 1976, or early Winter of 1977.

B. PERSONNEL

1. Personnel Management

The University's revised Pay for Performance system will go into effect July 16, 1976. The Hospitals' Personnel staff participated actively in the revisions of the forms to be used in determining performance and a new rating system. Also, a Performance Evaluation System for the Hospitals is in process. Department Heads have been interviewed regarding their existing appraisal systems and a proposal regarding this system is presently being prepared. The employee assistance counseling program will not be implemented this year as additional staff is not available at this time.

Workshops and conferences have been offered for employees and supervisors on such topics as, conferencing and interviewing employees, dealing with problem behaviors, group process skills, and management of conflict. Several more such workshops are planned for the remainder of 1976.

With regard to the Employee Opinion Survey, given in the Summer of 1975, a follow-up review by the Personnel Department has indicated extensive use of the survey's findings by Hospitals' departments. Out of 21 departments, 18 have discussed the Opinion Survey results with their supervisory staff, 11 have shared the results with all their employees, 5 incorporated some main issues into their Outcome Expectations, 4 have analyzed and investigated solutions for specific issues and 3 have appointed a task force to study the results. In addition, data from the survey has been utilized in other Hospitals

projects. An evaluation of the survey will be conducted in the Fall of 1976 and a determination will then be made as to whether the Opinion Survey should be repeated, and if so, when.

2. Departmental Interaction Program

The Departmental Interaction Program instituted to improve the ease of communication and co-ordination among Hospitals' departments which frequently interrelate in the performance of their daily functions, has been initiated.

The first Departmental Interaction Program Study Committee has been conducting a pilot examination of the Operations Analysis Department (OAD). A broad range of interrelationships have been reviewed in relation to OAD's objectives. The report of the study committee's findings and recommendations is nearing completion. It will discuss OAD and will outline suggested procedures for an ongoing process of departmental review at University Hospitals.

3. Communication Leader Program

The major emphasis, to this point, in creating the Communication Leader Program has been on establishing a supervisory staff newsletter. The newsletter, as developed by the Personnel Department, has been distributed to all Hospitals' departments on a monthly basis. Entitled "The Supervisory Scene Sheet", it includes news items regarding labor relations, compensation policies and other personnel related events in the University and in the Hospitals, as well as articles relating to effective supervisory practicies. This technique for the dissemination of information to employees will soon be evaluated as to its effectiveness.

4. Guided Management Project

The Guided Management Project is being conducted by organizational development experts to assist supervisors in turning management ideas into successful action.

The program has recently been initiated in two major Hospitals' departments - the Outpatient Department and Materials Services. Four work groups have been formed which comprise a total of approximately 40 supervisors and managers. The current emphasis of these groups has been upon the identification of the goals and problems of the two departments. It is felt that as this exercise is worked through, the supervisors will be made aware of managerial techniques which will assist them in achieving improvements in their departments. An interim evaluation shows that the program is very effective in identifying the chief needs of these particular management teams. At the conclusion of the project in these two departments, the program will be extended to two other Hospitals' departments.

5. Decision Making Study

This study has not been initiated due to the demands of other critical task force projects. These projects, which are closely related to the decision making issue, include the departmental interaction program, the patient services modeling project, and the Joint Commission survey implementation program. It is anticipated that the actual decision-making study will be formulated and initiated shortly after July 1, 1976.

6. Personnel Resources Management

University Hospitals continues to place great emphasis on improving productivity. A formal program for improving productivity has been established and specific studies are underway in several departments in the Hospitals. Also, University of Minnesota Hospitals has provided leadership within the University Hospitals Executive Council to initiate development of comparative indices on a departmental basis. A commitment has been obtained from the eight hospitals associated with the Executive Council to conduct detailed studies of four departments over the next year. University Hospitals has been pleased with the response of its University teaching hospital counterparts, and is already making use of the data which has been collected to date. Finally, an overall institutional training program has been developed to provide additional tools to our management staff so that they might better analyze and fulfill the objective of improving productivity within the institution.

7. Malpractice and Liability Insurance Programs

In order to develop an appropriate risk management program which is consistent with Hospitals' need, sound business practices, and appropriate public policy, University Hospitals, in coorperation with the Health Sciences Center, the University and others, has been closely examining five distinct areas of interest relating to this matter. First, legislation has been monitored especially in terms of tort laws introduced to make malpractice liability less likely. Secondly, the Hospitals have been working to obtain data which will describe its insurance experience in the recent past. Thirdly, a Medical Management Task Force has been

developed to review standards of operation, audit procedures, follow-up review, and corrective actions. Fourth, there has been an on-going examination of alternatives for risk financing and finally, arrangements are being considered to assure the availability of an insurance policy to cover University Hospitals and Clinics by August 1, 1976, when the University's sovereign immunity will be abolished.

C. ENVIRONMENT

1. Planning and Physical Development

The 1976 planning and physical development goal is to complete block schematic drawings and initial cost estimates for all elements of the clinical facility portion of Phase II of the master plan for the Health Sciences. Phase II of the Master Plan is addressing clinical inpatient facility needs. Progress is satisfactory at this point and the goal will be reached by mid-summer 1976. The clinical planning concepts will be incorporated into the continuing review of physical requirements for all Health Sciences units. A financial plan will then be required which must then lead to a construction plan and timetable for completion.

2. Ambulatory Care

Ambulatory Care Reorganization has continued to progress since the last report period. Presently a Committee has completed its deliberatons and will recommend to the Council of Chiefs of Clinical Services that a working group be established to deal with the management concepts in Ambulatory Care. Areas of further discussion within this group will deal with Ambulatory Care budgeting, staffing, and interdepartmental relationships. Discussions have also occurred within the Medical Staff-Hospital Council of various mechanisms by which the Outpatient Committee can be upgraded and certain interim measures within the Outpatient Committee itself are being taken in reference to both medical records and policies and procedures. The Outpatient Committee effort should be underway by June.

B/C construction continues to progress on schedule. Major efforts other than the actual construction of the building continue to be the finalization of movable equipment lists, development of a graphics system, and the development of systems which will effectively utilize the physical facilities. Efforts in Ambulatory Care range across a very broad front including redoing financial systems, the computer scheduling system, the data collection system and developing staffing patterns and refined relationships between the various support departments within Unit B/C. It is anticipated that the Unit will be open in late 1977.

3. Infection Control Program

A special task force of the Infection Committee consisting of the nurse epidemiologist, the Hospitals' sanitarian, a physician, and an administrative staff representative has been created. The charge to this task force includes updating the Infection Committee's mission statement in preparation for the recruiting of an infection control officer for the Hospitals. In doing so, the task force hopes to more clearly define the goals and objectives of the Infection Control Program and the roles of certain key Hospitals resources within that program. Once clarification of these matters is achieved, the Hospitals will be able to present the new infection control officer with a three year program plan. All reporting, documentation and information systems will be established for the development of an optimal program.

4. Biomedical Engineering

In April of 1976, the University Hospitals Medical Staff-Hospital Council gave its support to the recommendation of the Biomedical Engineering Task Force, that a biomedical engineering capability be established in those areas of the institution in which electrical patient care equipment is used and maintained.

The functions envisioned for the biomedical engineering service are to provide comparative scientific information on product evaluation for hospital needs, to facilitate use of hospital support units in equipment repair and maintenance, to offer service capability for selected equipment, and to provide engineering skill in modifying equipment for optimum applications. The ultimate goal of such a service is to realize savings by improving the quality of material selection and by reducing service contract costs from outside suppliers, thus diminishing hospital expenses.

5. Paging Communications

The Ad Hoc Radio Paging Shared Services Committee of the University of Minnesota Hospitals and Clinics, Hennepin County Medical Center, St. Paul-Ramsey Medical Center, and Metropolitan Medical Center has assessed the funding requirements and sources for installation of a radio paging system. At present, University Hospitals is the only institution which has budgeting approval for such a program. Both Hennepin County Medical Center and St. Paul-Ramsey Medical Center are working on approval of their component of the system.

In addition to the planning process being shared by these institutions, the hospitals have developed a combined radio paging frequency plan integrated into the system which provides maximum utilization of the frequencies at a reduced cost.

The major consideration remaining in the first planning phase of the project is the clarification of the role Medical Societies of Hennepin County and Ramsey County in the overall system concept. Despite this need for definition, the societies have agreed to a test of the system's capabilities. It is anticipated that the latest implementation of University Hospitals' portion of the system will be by January 30, 1977.

6. Environmental Investigations

A. Regulations and Disclosure

It has been acknowledged by those in the health care field that present hospital regulations are outdated and inadequate. Staff from the Minnesota Health Department, the Minnesota Hospital Association and University Hospitals and Health Sciences are working together to develop regulating concepts that will allow for evaluation of facilities on a cost-benefit basis, while including actual enforcement potential. In addition to attempting to re-define current regulatory practices to insure the citizens of the State a standard quality of care, a task force is also studying the possibility of establishing a uniform data base within the State. This would have the advantage of cost savings

to institutions who are constantly called upon to provide similar information to multiple agencies. It will also provide a wealth of usable, retrievable information to those concerned with the development of health policy.

B. Mergers and Larger Systems

Interest has continued in the position of academic health centers in the health industry evolution from free-standing hospitals to multi-hospital corporations. If we recognize the multi-hospital system as the organizational structure of the future, where does the academic health center stand in relation to this emerging phenomenon? It is assumed that the medical school and its affiliate teaching institutions are bound together by a series of agreements to determine educational policy. The question to be investigated asks if there is a service decision-making capacity to complement this educational consortium. University of Minnesota Hospitals administrative staff members led a discussion of this issue in a day-long session of the University Hospitals Executive Council. Group consensus found the best short-range alternative for academic health centers is to seek improved affiliation agreements with both free-standing hospitals and health care corporations. The potential for direct contractual arrangements for shared services, which now benefits multi-hospital systems, was also favorably reviewed.

7. Trustee Education

"Reassessing the Role of the Hospital Trustee", "The Rights and Responsibilities of Trusteeship", and "Governing Hospitals: Trustees and the New Accountabilities", are some of the subject areas to which the Board of Governors of University of Minnesota Hospitals have had exposure. With the increasing complexities of the health care system and the role of hospitals within that system have come very real concerns as to the extent of the trustee function and the capabilities of trustees to meet new demands on their time and energy. Most certainly it is the responsibility of every health care institution to provide its governing board with knowledge of the broad issues of health delivery so that trustees may perceive the impact of their decisions on the whole. University Hospitals has attempted to meet this responsibility generally but looks forward to presenting to its Board an awareness of the more specific concerns of the academic health centers of this country. Efforts will continue toward bringing together those key individuals involved with the future shaping of academic health institutions.