



St. Paul-Ramsey Medical Center.
Hospital and Medical Center Records.

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ST. PAUL-RAMSEY MEDICAL CENTER



**INFORMATION
MANUAL**

Organization and Operation of the Hospital

Section 1

HOSPITAL
ORGANIZATION

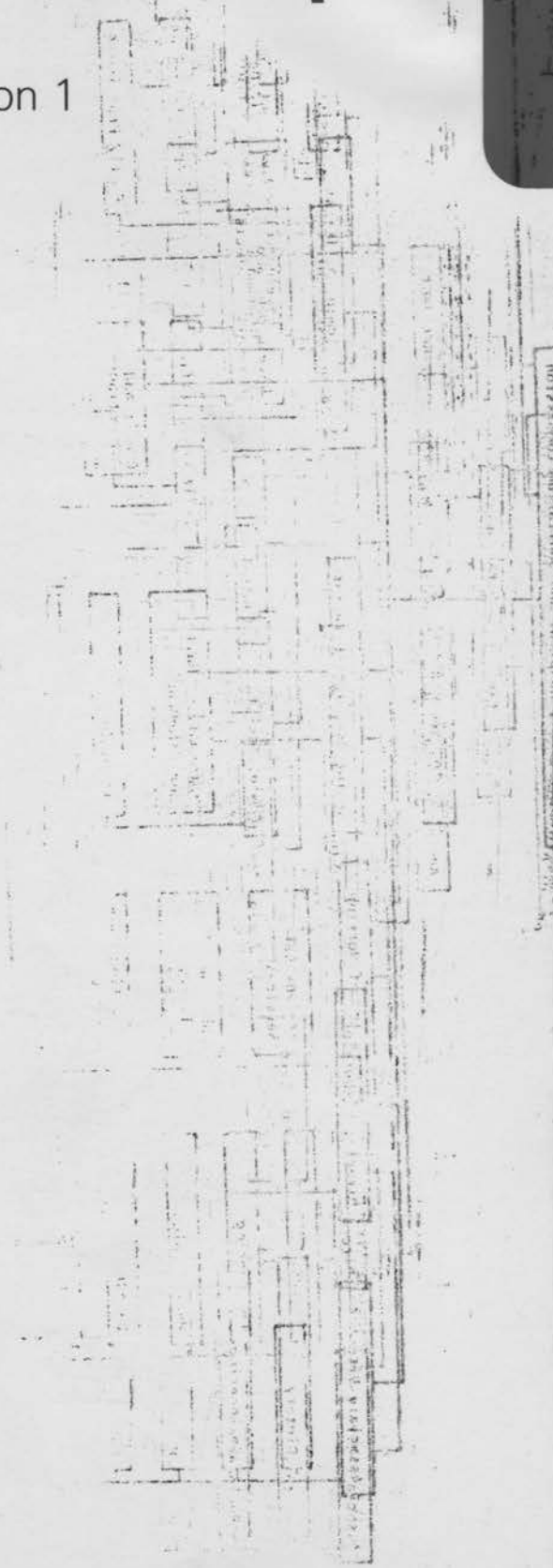


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1. ORGANIZATION AND OPERATION OF THE HOSPITAL

Purpose

Chapter 662 of the 1973 Legislative Session calls for the Ramsey County Hospital and Sanitarium Commission to be responsible for the operation, administration, management and control of the Saint Paul-Ramsey Hospital. The law further stipulates that the Commission shall take all measures necessary and proper to provide hospital and medical services for the indigent, the contagiously ill, catastrophically injured, city and county prisoners, and shall take all measures necessary and proper to maintain the hospital as a research and teaching institution. These are the objectives of Saint Paul-Ramsey Hospital and Medical Center.

Organization

In order to properly discharge its responsibility, the Commission has chosen an Executive Officer and an Acting Medical Director, and through them, the administrative and medical staff to carry out this mandate. In order to accomplish these objectives, the hospital has been organized into 27 nursing units and specialty areas for the care of inpatients; an Emergency Service and Outpatient Department for the care of outpatients; 11 professional or ancillary departments such as Laboratories and Radiology; 19 medical departments; and 18 general service departments. Insofar as education is concerned, Saint Paul-Ramsey Hospital has two accredited schools, a number of internship and training programs and a well developed health sciences education program in conjunction with the University of Minnesota. There are about 500 students and trainees on the Saint Paul-Ramsey Hospital Campus throughout the school year.

Finances

The 1973 budget provides for a personnel complement of 1,584 and an expenditure of \$21,276,000. (All figures given in this paragraph are exclusive of the Family Practice Program.) Approximately 80% of the budget is for personnel services and 20% for supplies and materials expense. Approximately 25% or \$5,000,000 is devoted to educational activities of which about \$1,000,000 in revenue is derived from non-patient resources. Of the total revenues of \$20,441,000 generated in 1972 the distribution was as follows:

1. Patient Services Revenue	83.1%
2. Cost reimbursement, Medicare & Medicaid	4.6%
3. Non-Patient Revenue & Tuition Fees	3.7%
4. County Appropriation	3.7%
5. Undergraduate Medical Education	2.7%
6. Grants and Specific Purpose Funds	2.2%

Of further interest is the third party agency source of payments for patient services in 1972, which breaks down as follows:

1. Categorical or Medicaid	27.3%
2. Medicare	21.0%
3. Commercial Insurances	20.0%
4. Medical General Relief (Ramsey County)	13.8%
5. Blue Cross	6.4%
6. Patient Payments	5.8%
7. Other County Welfare	3.7%
8. All Other Sources	2.0%

Patients Served

Last year the hospital served 12,100 inpatients who stayed a total of 115,200 days. There were 140,000 visits to the Emergency and Outpatient Clinics. Of an estimated 75,000 people who were given

care last year, 18,000 were seen for the first time. Based on an analysis of 18,000 patient accounts, 89% of the patients reside in Ramsey County. The hospital policy, as approved by the Commission and recently reaffirmed in the Hill Burton Charity Regulations which apply to all institutions having received such funds for construction, states that "Saint Paul-Ramsey Hospital advise the Department of Health, State of Minnesota, that it does not intend to deny anyone admission to the facility or any of its services because of inability to pay."

Historical Perspective

The old Ancker Hospital was established as a City-County institution for the care of the medically indigent who were unable to pay for their care in a private hospital, and the "contagiously ill," such as those afflicted with scarlet fever, measles, meningitis, tuberculosis, etc., and for whom isolation in a hospital was a legal requirement.

The image of the old Ancker Hospital continues to linger on despite the fact that today less than 1 in 5 hospital patients fall into the medically indigent category, and tuberculosis patients number 2 or 3 at any one time. A number of factors have contributed to this very significant change in the original mission of the hospital.

Medical developments have had a marked impact on the infectious disease category. Numerous vaccines have been developed to prevent the spread of infectious diseases. Therapy of all kinds has been developed which has shortened or eliminated entirely the hospitalization of tuberculosis patients. Socio-economic changes, coupled with significant legislation passed in the last ten years, have had an immeasurable impact on the medically indigent category. The relocation of the old Ancker Hospital to the modern Saint Paul-Ramsey

Hospital facility in October 1965 has done much to facilitate community acceptance, particularly in the area of trauma.

Title XVIII, otherwise known as the Medicare Act, became law on July 1, 1966. This law had far ranging repercussions on public hospitals such as Saint Paul-Ramsey Hospital in at least two very significant ways. First all participants in Medicare, which include almost everyone over 65 years of age, were given a "free choice of vendor", which simply stated meant they could select a physician and hospital of their choice. In effect then, all Ramsey County medically indigent patients over age 65, who previously had no choice but to come to Saint Paul-Ramsey Hospital for their care, could now go elsewhere to obtain that same care. The second significant impact referred to above, related to payment for services rendered. Whereas previously, payment in large measure was generated out of local tax revenues; under Medicare, Social Security was responsible for payment, and furthermore, had agreed to pay hospitals at cost.

Just a year later, Title XIX, otherwise known as Medicaid, brought together a number of categorical programs and provided Medical Assistance to those eligible. The same two features mentioned above were incorporated in this law. Essentially, it affected all those under age 21 who previously were cared for as medical general relief patients.

In the fall of 1967, the Welfare Board proposed to the County Board and City Council that the Hospital no longer receive a regular appropriation as of January 1, 1968; and that the hospital begin billing the Welfare Department for all patients who were approved for medical general relief. There were several reasons for this proposal. First, the County Board and City Council stated they

could not approve a \$3,000,000 budget increase for 1968, which the Welfare Board felt was essential if the hospital were to go forward in its program of quality patient care and an enhanced educational program.

Second, funds from Medicare and Medicaid made the hospital more economically independent of local tax support. Third, it was believed that the 1967 appropriation of just under six million dollars would be adequate to support the medical general relief program administered by the Welfare Department.

The County Board and City Council approved this proposal and the hospital went off the appropriation on January 1, 1968. In terms of savings in local tax dollars, this change would have to be characterized as highly successful. Whereas in 1967 the local appropriation was just under six million dollars, in 1968 the Medical General Relief appropriation was just over 3.5 million, and today it is approximately 2.2 million. Also in terms of its growth and development, this experiment would be labeled a success. The hospital's 1968 budget of 12 million dollars was met.

Several items related to this very fundamental change in funding created difficulty and much misunderstanding. The first related to the method of accounting. The hospital had agreed, as part of the change, to not spend more than it earned. Under the government system of fund accounting an expense is recognized when commitment to purchase has been made, even though the goods might never be delivered, and even though under any circumstance payment would not be made until the supplies had been delivered. At the same time, income was not recognized until the payment had actually been made for patient services. Consequently, the hospital was forced to have cash in hand to meet all encumbrances. The Hospital Commission law

of 1969 provided for an accrual system of accounting which recognizes expense when it is incurred and income when it is earned.

Other difficulties related to this changeover included failure to recognize the need and provide the hospital with working capital, a problem which still plagues us today; failure to recognize costs related to community services which the City and County could have been legitimately expected to underwrite; and the failure to recognize educational costs which also should have been borne by agencies other than the patient himself.

A Hospital Advisory Committee to the Welfare Board was appointed by the Mayor in 1966 as a result of a Citizens Committee recommendation completed in December 1965. Among the objectives this Committee set out to accomplish, was the development of an Affiliation Agreement with the University of Minnesota; the development of a Foundation for the collection and disbursement of physician fees; and the formation of a Hospital Commission to take over the responsibilities at Board level, thus relieving the already overworked Welfare Board.

The first two items are mentioned elsewhere in this report (see sections three and four.) The role of the Hospital Commission is explained in Chapter 662, a revision of the original Chapter 1104 of the 1969 Session which established a Ramsey County Hospital and Sanitarium Commission. As we present data for Commission consideration, we shall make every effort to provide you with background material thus putting the decision making process into perspective.

The Future

Galsworthy has said, "If you do not think about the future you cannot have one." Changes on the health care scene today are taking

place so rapidly, that we are emboldened to say "If you do not think about the future in health care, you will not have one."

A myriad of laws and regulations having a direct impact on Medical Center operations have been passed within the last year. If one were to remain oblivious to their impact, the Medical Center will die. Public law 902-603, otherwise known as H.R. 1, was signed into law last October. It affects the provision of care to Medicare and Medicaid patients and states that hospitals will be reimbursed on the basis of charges or costs, whichever is less. The consequence of this action is the reduction of \$1,000,000 in revenue to Saint Paul-Ramsey Hospital per year. Unfortunately, efforts to recoup this loss by adjusting prices last October ran in the face of stringent Cost of Living Council Regulations, Phase III governing the Health Care Industry. The hospital has adjusted prices to the extent possible under Phase III regulations, but the projected loss based on the first six months experience is \$500,000.

Another provision related to H.R. I requires the establishment of regional Professional Standards Review Organizations which will be required to establish standards for medical care and then measure the results of care against these standards. Part of the total utilization review process, this provision is calculated to further reduce the average length of patient's stay which has already been reduced in the last several years. (From 10.7 days in 1970 to 9.0 days in 1973 year-to-date.)

Legislation at the State level affecting hospital operations includes the Occupational Health and Safety Act; the Certification of Need Act which requires that any construction alterations or equipment acquisitions totaling \$50,000 or more must have an approved

Certificate of Need; and the Environmental Protection Agency Standards which have affected the method of waste disposal and the types of fuel we burn.

Doctor John H. Knowles, former Director of the Massachusetts General Hospital in Boston, has made a number of observations with respect to the teaching hospitals in a book he edited entitled The Teaching Hospital. These observations can be applied to Saint Paul-Ramsey Hospital.

"Medical administrators occupy exceedingly difficult and highly complex positions in contemporary society. The reasons are simple and revolve around two areas: (1) problems within and peculiar to the medical profession, and (2) problems caused by lack of public understanding as to the role of medicine and hospitals and those attendant upon our country's own peculiar system of values."

"The major problem that the private medical school and the voluntary teaching hospital face is the public's lack of knowledge and understanding. As a result, crucial moral and financial support may fail the private institution. State and Federal medical institutions have similar problems annually when the subdivision of the tax dollar is decided by the politicians. Certainly, there is little or no understanding of why hospital costs are so high, particularly those of teaching hospitals, and are inevitably going to be higher. Similarly, the public knows nothing of the expense of medical education per se. This is medicine's prime failure--that of not educating the public properly about their medical institutions.

"The goals of the teaching hospital are first and foremost,

excellence in the care of the sick and service to the community today.

"An additional responsibility of the teaching hospital is the conservation and expansion of knowledge through educational endeavor and scientific research."

A N A C T

relating to Ramsey County; renewing authority of Ramsey County Hospital and Sanitarium Commission and revising its membership; amending Laws 1969, Chapter 1104, Section 2, 3, 4, Subdivisions 2, 3, 4 and 5, 6, Subdivisions 1 and 3 and 11.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1., (RAMSEY COUNTY PUBLIC HOSPITAL AND SANITARIUM COMMISSION).

There is hereby created a commission to be known as the "Ramsey County Hospital and Sanitarium Commission", whose duty shall be the operation, administration and management of the Saint Paul Ramsey Hospital facilities constructed pursuant to Laws 1957, Chapter 938 and Ramsey County Tuberculosis Sanitarium.

Section 2. (MEMBERSHIP). The "Ramsey County Hospital and Sanitarium Commission" shall consist of thirteen members appointed as follows: four members, including one residing outside the City of Saint Paul, from the Board of Ramsey County Commissioners and nine citizen members, each of whom shall be a resident of Ramsey County, all of whom shall be appointed by the Board of County Commissioners. There shall be one resident of each of the following Minnesota senate districts, as defined for the 1972 general election, appointed as a citizen member of the commission: Districts 48, 49 and 46 considered for purposes of this act as one district, 50, 62, 63, 64, 65, 66, and 67. Not later than July 1, 1973, the state senator and representative whose constituency resides within one of those senate districts may nominate for commission membership up to three persons residing within such district and Ramsey County and shall submit such nominations to the Ramsey County Board of Commissioners. The County Board may appoint citizen members to the commission from the nominations received by senators and representatives, and in any event shall make all initial appointments pursuant to this act no later than July 31, 1973. The same procedure shall be followed upon expiration of a citizen member's

term. Vacancies shall be filled by the appointing authority in the same manner as regular appointments are made, within 30 days after the office is vacated. Nominations by legislators shall be submitted to the county board within 30 days after the office is vacated.

Sec. 3 (TERMS). The four members appointed by the Ramsey County Board of Commissioners from its membership shall in each case serve for a term coinciding with his term as county commissioner. Each of the other nine members shall hold office for three years and until his successor is appointed, except that for the first appointments, members appointed from senate districts 48, 62 and 65 shall hold office for one year, members appointed from senate districts 49 and 46 combined, 63 and 66 shall hold office for two years and members appointed from senate districts 50, 64 and 67 shall hold office for three years. Vacancies on the board shall be filled by appointment in accordance with the provisions of Section 2 for the unexpired term of the position which is being filled. Any member of the commission whose term expires, if otherwise qualified, may be reappointed to the board. Citizen members shall be compensated at the rate of \$35 per day for services actually and necessarily rendered, not to exceed \$1,000 per year, and all members shall be compensated for expenses incurred in the performance of their duties.

Sec. 4 (POWERS AND DUTIES OF COMMISSION).

Subdivision 1. The Commission shall exercise the powers and duties of a county sanitarium commission pursuant to Section 251.02 of the Minnesota Statutes.

Subdivision 2. The commission shall be responsible for the operation, administration, management and control of the Saint Paul Ramsey Hospital and may appoint and at its pleasure remove a chief executive officer of such hospital.

All other employees presently subject shall remain subject to the laws relating to the civil service of Ramsey county and their compensation shall be in accordance with the rules providing for the civil service of the county and under the

supervision of the Ramsey county civil service department. The commission shall reimburse Ramsey county for such services and such reimbursement shall be credited to the budget of the county civil service.

Subd. 3. The commission may adopt by-laws. All meetings of the commission shall be deemed meetings of a public body and open to the public and the minutes thereof shall be a matter of public record. The commission shall elect from its membership for one year terms a chairman, vice-chairman, secretary and other officers as they deem necessary, who shall have the usual and customary duties, obligations and responsibilities of such offices, and who shall be required to be bonded at the discretion of the board as the occasion requires. A majority of the voting members of the board shall constitute a quorum. The commission shall submit annually to the Ramsey county board of commissioners for approval of said body a budget which shows the estimated amount of money required for the operation and conduct of the affairs of the public hospital and sanitarium under control of the commission during the next ensuing year. Said budget shall be submitted not later than November 1 of each year and shall include all monies needed for the next ensuing year except funds for the construction of additional facilities. The budget as submitted and approved or as revised by the Ramsey county board of commissioners and approved shall be the budget of the commission for the next ensuing year. The Ramsey county board of commissioners shall consult with the commission before approval. When funds for the construction of additional facilities are needed the commission shall make requests for such funds to the city of Saint Paul and county of Ramsey jointly. Power is hereby granted to the county for operation, maintenance and construction purposes as hereinbefore set forth and to the city for construction purposes as heretofore set forth to levy taxes in addition to all other taxing powers of said county and city, and shall exist independently of any restriction upon the powers of said county and city to levy taxes for other purposes. The commission shall receive and be responsible for all funds from whatever source derived, and these funds shall be deemed to

be public funds. The commission shall have jurisdiction and authority over its accounts.

It shall establish and maintain all necessary accounts. The commission may establish reserve accounts, depreciation accounts and working capital funds in order to operate on an accrual basis.

The commission may, with the prior approval of the Ramsey county board of commissioners, obtain working capital funds for the operation and maintenance of any facility under its jurisdiction of the Ramsey county board of commissioners or from any lending agency chartered by the United States or any state and authorized to do business in Minnesota. The contract may provide for the borrowing of money for the aforesaid purposes in an amount not to exceed a total at any one time outstanding of \$2,000,000. The commission shall determine the terms and conditions of such borrowing as will be in the best interests of the commission and the county. The contract shall provide that the security for the loan will be evidenced by the notes of the commission and the accounts receivable, or any part thereof, available to the commission from the operation of the hospital. Neither the hospital nor any physical asset thereof, nor the full faith and credit of Ramsey county, shall be pledged or available as security for any such borrowing. Any contract entered into pursuant hereto shall not extend for a term of more than two years from the date thereof and will be subject in all particulars to the approval of the Ramsey County board of commissioners.

The commission shall have jurisdiction over its accounts and payrolls and shall establish and maintain a public depository pursuant to the provisions of Extra Sessions Laws 1935, Chapter 90.

Subd. 4. The commission shall take all measures necessary and proper to provide hospital and medical services for the indigent, the contagiously ill, catastrophically injured and city and county prisoners, and shall take all measures necessary and proper to maintain the hospital as a research and teaching institution. To these ends it may make affiliation agreements with the Ramsey county almshouse

or home, educational institutions, political subdivisions of the state of Minnesota or other states, boards, commissions and non-profit organizations created pursuant to state statute for similar purposes.

Subd. 5. The commission shall purchase goods, and materials commonly used by governmental agencies such as fuels, stationery and office supplies through the purchasing agent of the city of Saint Paul pursuant to the joint purchasing agreement including the reimbursement provision between said city and said county and the laws applicable thereto. In addition to presently authorized methods, the commission may purchase directly or utilize the services of the city of St. Paul, the state, the University of Minnesota or any other political subdivision or agency of the state in the purchase of all medical and scientific goods, materials and services related to the care of patients and the conduct of educational and research activities. These purchases shall be made in compliance with the laws of the state.

Subd. 6. The Ramsey county attorney shall be the attorney and legal advisor of the commission. The commission shall reimburse Ramsey county for such services and such reimbursement shall be credited to the budget of the Ramsey county attorney.

sec. 5 (CERTAIN AGREEMENTS PROHIBITED). Notwithstanding any law to the contrary, the commission shall not have power to enter into any exclusive agreement with any medical school which would preclude the use of Saint Paul-Ramsey Hospital in the training of medical students of any other medical school. Notwithstanding any law to the contrary, the commission shall not have power to enter into any agreement with any other hospital or group of hospitals which would relieve such hospital or hospitals of the responsibility to any patient of such hospital or hospitals for the furnishing of hospital services obtainable.

Sec. 6 (FINANCING). Subdivision 1. Notwithstanding any law to the contrary the Ramsey County board or commissions may provide all funds, except those required for the purpose of funding prior construction indebtedness which shall be as heretofore provided, it approves pursuant to requests duly submitted

to it by the commission. The Ramsey county board of commissioners is further authorized to provide emergency funds for the commission for the purpose of operating facilities when operational income is insufficient to meet operational expenses.

Subd. 2. Indebtedness for construction of existing facilities shall be retired as provided in Laws 1957, Chapter 938 and continue to be jointly financed by the city of Saint Paul and Ramsey county in accordance with the applicable provisions of law. If the hospital revenues justify they shall be applied to the retirement of said indebtedness.

Subd. 3. The commission may accept from the United States, the State of Minnesota or any other agency or local subdivision of government and from private sources land, money or other assistance for the purposes of carrying out the provisions of this act.

Sec. 7. (TRANSFER OF CONTROL). Subdivision 1. Notwithstanding any law to the contrary, the operation, management and control of the Saint Paul Ramsey Hospital and Ramsey county tuberculosis sanitarium shall be transferred from the county welfare board of the city of Saint Paul and county of Ramsey to the "Ramsey County Hospital and Sanitarium Commission" created in accordance with the provisions of this act for the purpose of operating said facilities for the benefit of the indigent of Ramsey county, the contagiously ill, the catastrophically injured, the city and county prisoners, research and teaching. Said transfer shall be made upon notification to the county welfare board or the city of Saint Paul and county of Ramsey county hospital and sanitarium commission that it is ready to accept the management, operation and control of such facilities and not later than December 31, 1969.

Subd. 2. All the powers and duties concerning institutional care of the sick or injured indigent, the contagiously ill, the catastrophically injured, and the city and county prisoners at Saint Paul Ramsey Hospital and the Ramsey County

Sanitarium now vested in or imposed upon the Ramsey county welfare board of the city of Saint Paul and county of Ramsey and the Ramsey county sanitarium commission are hereby transferred to, vested in, and imposed upon the "Ramsey County Hospital and Sanitarium Commission".

Sec. 8. (TRANSFER OF RIGHTS AND DUTIES). Subdivision 1. The "Ramsey County Hospital and Sanitarium Commission" to which the functions, powers and duties of the previously existing board, commission or other agency are by this act assigned and transferred shall be deemed and held a constituted continuation of the former board, commission or other agency as to matters within the jurisdiction of the former board, commission or other agency and not a new authority for the purpose of succession to all rights, powers, duties and obligations of the former board, commission or other agency as constituted at the time of such assignment or transfer except as otherwise provided by this act, with the same force and effect as if such functions, powers and duties had not been assigned or transferred.

Subd. 2. Any proceeding, court action, prosecution, or other business or matter undertaken or commenced prior to the passage of this act by a board, commission or other agency, the functions, powers and duties whereof are by this act assigned and transferred to the Ramsey county hospital and sanitarium commission, and still pending at the time of the passage of this act, may be conducted and completed by the Ramsey county hospital and sanitarium commission in the same manner and under the same terms and conditions and with the same effect as though it were undertaken or commenced and were conducted or completed by the former board, commission or other agency prior to such transfer.

Subd. 3. Except as otherwise provided in this act, the head of any board, commission or other agency whose functions, powers and duties are by this act assigned and transferred to the Ramsey County hospital and sanitarium commission shall transfer and deliver to the Ramsey county hospital and sanitarium commission all contracts, books, bonds, plans, papers, records and property of

every description within his jurisdiction or control. The chairman of the Ramsey county hospital and sanitarium commission is hereby authorized to take possession of said property.

Subd. 4. All unexpended funds appropriated to any board, commission or other agency for the purpose of any of its functions, powers or duties which are transferred by this act to the Ramsey county hospital and sanitarium commission are hereby transferred to such Ramsey county hospital and sanitarium commission. Where unexpended funds appropriated to any board, commission or agency for the purposes of any of its functions, powers or duties are changed by this act so that the functions, powers or duties are in more than one board, commission or agency, the Ramsey county board of commissioners shall allocate the appropriation between the boards, commissions and agencies concerned.

Sec. 9. (REVISION). In the next and subsequent editions of Minnesota Statutes the revisor of statutes shall make such changes in terminology as may be necessary to record the functions, powers or duties which are transferred by this act from a board, commission or other agency to another.

Sec. 10 . (SUPERSEDED LAWS). This act supersedes all laws inconsistent herewith, and particularly Laws 1929, Chapter 371, Sections 1 and 3 as amended and Section 251.02 of Minnesota Statutes.

Sec. 10. (EFFECTIVE DATE). This act is effective upon its approval by the board of county commissioners of Ramsey county and by the city council of the city of Saint Paul and upon compliance with Minnesota Statutes, Section 54.021.

ST. PAUL-RAMSEY HOSPITAL

FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION
with
REPORT OF CERTIFIED PUBLIC ACCOUNTANTS
YEAR ENDED DECEMBER 31, 1972

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Elmer
Fox
&
Company

Certified Public Accountants

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

Ramsey County Hospital and
Sanitarium Commission
St. Paul, Minnesota

We have examined the balance sheet of St. Paul-Ramsey Hospital (a Minnesota nonprofit organization) as of December 31, 1972 and the related statements of revenues and expenses, changes in fund balances and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements designated above present fairly the financial position of St. Paul-Ramsey Hospital at December 31, 1972 and the results of its operations and the changes in its financial position for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

The accompanying supplementary information, while not necessary for a fair presentation of financial position, results of operations or changes in financial position, has been examined and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

Elmer Fox, Company

St. Paul, Minnesota
March 27, 1973

ST. PAUL-RAMSEY HOSPITAL
STATEMENT OF REVENUES AND EXPENSES

	Year ended December 31,	
	<u>1972</u>	<u>1971</u>
Patient service revenues	\$16,998,077	\$16,653,043
Allowances and uncollectible accounts after deduction of subvention from County of Ramsey - \$150,000 and \$250,000 (Note 4)	<u>(332,941)</u>	<u>(53,059)</u>
Net patient service revenue	16,665,136	16,599,974
County appropriation (Note 4)	748,000	729,300
Undergraduate medical education (Note 4)	548,264	260,000
Grants and specific purpose funds	442,377	346,171
Additional amounts for the excess of allowable costs over charges to Medicare and Medicaid patients (Note 2)	942,503	900,000
Other, including cafeteria sales and school of nursing tuition	<u>761,305</u>	<u>630,178</u>
	<u>20,107,585</u>	<u>19,465,623</u>
Operating expenses:		
Nursing services	5,825,501	5,370,845
Other professional services	7,553,001	7,442,620
General services	3,259,354	3,227,623
Fiscal services	925,609	1,067,570
Administrative services	2,482,020	2,004,673
Special Purpose Fund expenditures for education research and other	442,377	304,769
Provision for depreciation	<u>807,511</u>	<u>806,459</u>
	<u>21,295,373</u>	<u>20,224,559</u>
Loss from operations	(1,187,788)	(758,936)
Interest expense	(425,067)	(444,490)
Less interest payments made by County of Ramsey and City of St. Paul (Note 4)	<u>425,067</u>	<u>444,490</u>
Excess of expenses over revenues	<u><u>\$(1,187,788)</u></u>	<u><u>\$ (758,936)</u></u>

The accompanying summary of accounting policies and notes
are an integral part of the financial statements.

ST. PAUL-RAMSEY HOSPITAL

STATEMENT OF CHANGES IN FUND BALANCES

	General Fund	Plant Fund	Restricted and Special Purpose Funds	Total Year ended December 31,	
				1972	1971
Balances at beginning of year	\$ 2,390,032	\$1,016,307	\$ 128,532	\$ 3,534,871	\$3,850,524
Add (deduct):					
Excess of expense over revenue	(1,187,788)			(1,187,788)	(758,936)
Additions to property and plant by General and Special Purpose Funds	(281,126)	364,141	(83,015)		
Depreciation expense, not funded	807,511	(807,511)			
Payment of installments due on bonds payable by City of St. Paul and County of Ramsey (Note 5)		427,000		427,000	401,000
Received for special fund purposes			442,542	442,542	348,768
Special Purpose Fund expenditures			(380,898)	(380,898)	(304,979)
Hospital participation in Student Nursing Loan Program					(1,506)
	<u>\$ 1,728,629</u>	<u>\$ 999,937</u>	<u>\$ 107,161</u>	<u>\$ 2,835,727</u>	<u>\$3,534,871</u>

The accompanying summary of accounting policies and notes are an integral part of the financial statements.

ST. PAUL-RAMSEY HOSPITAL

STATEMENT OF CHANGES IN FINANCIAL POSITION

GENERAL FUND

	Year ended December 31,	
	<u>1972</u>	<u>1971</u>
Sources of cash:		
Operations:		
Excess of expenses over revenues	\$(1,187,788)	\$ (758,936)
Add depreciation, a noncash charge	<u>807,511</u>	<u>806,459</u>
Provided by (used for) operations	(380,277)	47,523
Decrease in amounts receivable from third-party payors	439,090	605,990
Decrease in amounts receivable from Government Agencies (Note 2)	297,660	502,188
Decrease in appropriations receivable from State and County (Note 4)	215,912	-
Increase in deferred Medicare and Medicaid revenues	<u>63,000</u>	<u>75,000</u>
Total cash provided	<u>635,385</u>	<u>1,230,701</u>
Uses of cash:		
Net increase in other assets	162,394	117,511
Net decrease in liabilities	92,920	673,462
Expenditures for other funds including additions to property and plant	281,126	55,804
Increase appropriation receivable from State and County (Note 4)	<u>-</u>	<u>313,000</u>
Total cash used	<u>536,440</u>	<u>1,159,777</u>
Increase in cash	98,945	70,924
Cash balance at beginning of year	<u>180,020</u>	<u>109,096</u>
Cash balance at end of year	<u>\$ 278,965</u>	<u>\$ 180,020</u>

The accompanying summary of accounting policies and notes are an integral part of the financial statements.

ST. PAUL-RAMSEY HOSPITAL

BALANCE SHEET

ASSETS

December 31,

19721971GENERAL FUND

Cash	\$ 278,965	\$ 180,020
Receivables:		
Patients and third-party payors	4,600,756	5,104,846
Less estimated uncollectibles and allowances	(1,135,000)	(1,200,000)
Government Agencies (Note 2)	1,552,340	1,850,000
State and County appropriations (Note 4)	97,088	313,000
Other	204,219	73,932
	<u>5,319,403</u>	<u>6,141,778</u>
Inventories - drugs and supplies	358,361	300,484
Prepaid expenses	78,685	50,885
Due from Restricted Funds	-	53,570
Total General Fund assets	<u>6,035,414</u>	<u>6,726,737</u>

PLANT FUND

Land, buildings, equipment, at cost:		
Land and land improvements	984,707	941,026
Building and building service equipment	14,521,927	14,505,012
Equipment	3,892,907	3,589,361
	<u>19,399,541</u>	<u>19,035,399</u>
Less accumulated depreciation	5,701,604	4,894,092
	<u>13,697,937</u>	<u>14,141,307</u>

RESTRICTED FUNDS

Cash	15,454	83,082
Receivables:		
City of St. Paul and County of Ramsey	5,028	5,028
Governmental Agencies for Special Purpose		
Fund expenditures	3,160	61,226
Student nurse loans	51,130	32,766
Due from General Fund	32,389	-
	<u>107,161</u>	<u>182,102</u>
	<u>\$19,840,512</u>	<u>\$21,050,146</u>

The accompanying summary of accounting policies and notes
are an integral part of the financial statements.

LIABILITIES AND FUND BALANCES

	<u>December 31,</u>	
	<u>1972</u>	<u>1971</u>
<u>GENERAL FUND</u>		
Accounts payable	\$ 1,190,680	\$ 1,199,528
University of Minnesota - physician salaries	257,202	562,993
Salaries and wages payable	673,535	575,606
Accrued vacation, holiday, severance pay, workmen's compensation	1,110,000	971,000
Current financing advances - Medicare	271,978	317,242
Other payables	63,001	65,336
Due to Restricted Funds	<u>32,389</u>	<u>-</u>
	3,598,785	3,691,705
Deferred Medicare and Medicaid revenue (Note 3)	708,000	645,000
General Fund balance	<u>1,728,629</u>	<u>2,390,032</u>
	<u>6,035,414</u>	<u>6,726,737</u>

<u>PLANT FUND</u>		
Bonds payable - being repaid by the City of St. Paul and County of Ramsey (Note 5)	12,698,000	13,125,000
Plant Fund balance (Note 6)	<u>999,937</u>	<u>1,016,307</u>
	<u>13,697,937</u>	<u>14,141,307</u>

<u>RESTRICTED FUNDS</u>		
Due to General Fund	-	53,570
Special purpose funds	53,100	80,836
Student nurse loan fund	<u>54,061</u>	<u>47,696</u>
	107,161	182,102
	<u>\$19,840,512</u>	<u>\$21,050,146</u>

ST. PAUL-RAMSEY HOSPITAL

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

December 31, 1972

Description of Funds

General Fund - used to account for all assets and liabilities resulting from revenue and expense related to patient care. The fund also includes depreciation and interest expense charges applicable to the Plant Fund.

Plant Fund - used to account for property, plant and equipment. Bonds issued by the City of St. Paul and County of Ramsey, for construction, are included as a fund liability. Payment of bond indebtedness and interest is the primary responsibility of the City of St. Paul and County of Ramsey (see Notes 5 and 6).

Restricted Fund - used to account for donations, grants and agency funds, use of which has been restricted by donors or Government Agencies, for specified purposes.

Depreciation

Depreciation of property and equipment is provided on the straight-line method. The charge for depreciation is included as an operating expense in the statement of revenues and expenses. No depreciation is taken on assets in the year acquired.

Inventories - Drugs and supplies

Inventories of drugs and supplies, in the storeroom, have been stated at cost. Drugs and supplies are expensed when withdrawn from stores, and accordingly any such items at stations are not included as inventory.

ST. PAUL-RAMSEY HOSPITAL
NOTES TO FINANCIAL STATEMENTS

December 31, 1972

1. Organization

Chapter 1104 of the law enacted by the 1969 session of legislature of the State of Minnesota provided for the creation of a Commission known as Ramsey County Hospital and Sanitarium Commission. The duty of the Commission is the operation, administration and management of the St. Paul-Ramsey Hospital facilities.

The powers vested by the act in the Commission shall automatically revert to the Welfare Board of the County of Ramsey on January 1, 1974, unless the legislature shall otherwise provide by law.

2. Medicare and Medicaid reimbursement

The costs of providing care to certain patients are to be paid for by the United States Government (Medicare) and by the State of Minnesota with the aid of Federal funds (Medicaid). The costs of providing such care are reimbursed, during the year, on an incurred basis subject to the filing of cost reports at the end of each year. Tentative settlements are made based on filed cost reports which are subject to audit after which further adjustments may be made.

Audited cost adjustments for all years through 1971 have been made and are reflected in the statements. Although adjustments were made to amounts previously reported, the adjustments were not material in amount.

Cost reports for the year 1972 have been prepared and have been filed with the appropriate authorities. The statements reflect the additional amounts due the hospital as reflected by the cost reports filed.

3. Deferred Medicare and Medicaid revenue

The hospital uses an accelerated method of computing depreciation, on certain Plant Fund assets, for purposes of determining cost on reports submitted for reimbursement and uses the straight-line method of computing depreciation for financial reporting purposes. The portion of additional revenue, which results from the excess depreciation used to determine cost reimbursement, has been deferred.

4. State and County appropriations

The County of Ramsey is authorized to provide all funds pursuant to budgets submitted by the Commission. The County of Ramsey is further authorized to provide emergency funds for the purpose of operating facilities for the benefit of the indigent and other purposes when operational income is insufficient to meet operational expenses.

During the year 1972, the County of Ramsey appropriated and paid over to the hospital to supplement the costs of services provided for the benefit of the community the amount of \$898,000, including the amount of \$150,000, to reimburse the hospital for uncollectible accounts in the performance of such service. The appropriation for similar purposes for the year 1973 amounts to \$1,291,000, which includes the amount of \$500,000 for uncollectible accounts.

The hospital was appropriated funds to be paid by the State of Minnesota for programs, during the biennium ended June 30, 1973, for Undergraduate Instruction of Medical Students and for the Family Practice Residency Programs. The funds are paid to the hospital as program costs are incurred.

5. Bonds payable

The amount represents the unpaid balance of bonds issued by the City of St. Paul and County of Ramsey to finance construction of the hospital. These bonds will be repaid by the City and County in varying installments to 1994. If hospital revenues justify, they shall be applied to the retirement of indebtedness. Interest paid during the year 1972 amounts to \$425,067. A summary of the outstanding balance is as follows:

County of Ramsey:

Three separate series of bonds, interest rate - 3.0% to 3.5%, payable in varying annual installments (\$315,000 in 1973), final installments due 1990 to 1993, outstanding December 31, 1972 - \$9,000,000

City of St. Paul:

Five separate series of bonds, interest rate - 3.25% to 4.0%, payable in varying annual installments (\$127,000 in 1973), final installments due 1989 to 1994 outstanding December 31, 1972 - \$3,698,000

6. Plant Fund

The Plant Fund balance is allocated as follows:

County of Ramsey	\$561,792
City of St. Paul	(70,526)
St. Paul-Ramsey Hospital	<u>508,671</u>
	<u>\$999,937</u>

Additions to property and plant from the hospital and Special Purpose Funds are allocated to St. Paul-Ramsey Hospital Plant Fund balance beginning in 1970.

SUPPLEMENTARY INFORMATION

Operating expenses

		Year ended December 31,			
		1972		1971	
		Personal services	Supplies and other expense	Personal services	Supplies and other expense
General services:					
Dietary		\$ 855,964	\$ 378,563	\$ 850,108	\$ 366,549
Building and grounds		160,123	22,531	170,162	36,278
Operation of plant		387,591	412,890	346,688	385,771
Motor service		56,233	7,179	70,439	4,238
Duplication center		15,614	22,233	14,640	25,595
Housekeeping		667,730	40,727	657,112	45,271
Laundry		206,438	25,538	205,843	48,929
		<u>\$2,349,693</u>	<u>\$ 909,661</u>	<u>\$2,314,992</u>	<u>\$ 912,631</u>
Fiscal services:					
Accounting		\$ 93,088	\$ 21,516	\$ 72,509	\$ 16,916
Business office		171,707	16,080	288,423	18,327
Systems analysis		51,079	1,544	-	-
Credit and collection		120,132	3,714	-	-
Admitting		168,709	16,615	148,688	14,052
Data processing		69,595	191,830	72,423	230,033
		<u>\$ 674,310</u>	<u>\$ 251,299</u>	<u>\$ 582,043</u>	<u>\$ 279,328</u>
Administrative services:					
Administrative office		\$ 167,580	\$ 75,073	\$ 169,229	\$ 94,510
Personnel		166,189	707	158,575	2,113
Purchasing		112,324	2,436	107,934	3,224
Communications		32,868	1,904	19,647	1,367
Information desk and mail		24,629	32,233	22,934	28,694
Telephone		71,508	110,921	70,214	84,357
Employee Health Service		15,383	323	15,769	756
Employee Health and Welfare		-	1,525,835	-	1,346,552
Insurance - malpractice and liability		-	142,107	-	84,997
		<u>\$ 590,481</u>	<u>\$1,891,539</u>	<u>\$ 564,302</u>	<u>\$1,646,570</u>

Operating expenses

	Year ended December 31,			
	1972		1971	
	Personal services	Supplies and other expense	Personal services	Supplies and other expense
Nursing services:				
Administrative office	\$ 201,753	\$ 5,630	\$ 258,587	\$ 8,600
Medical and surgical	1,935,517	32,048	1,725,568	6,107
Pediatrics	292,348	5,086	275,851	788
Intensive care	369,327	6,066	404,676	495
Psychiatric	360,107	3,094	347,961	591
Obstetric	102,120	2,558	222,668	897
Newborn nursery	63,701	1,744	46,682	389
Alcoholic rehabilitation	35,328	900	22,441	-
Burn unit	124,723	3,364	109,825	148
Coronary care	117,766	4,069	96,835	286
Operating rooms	291,777	200,646	284,200	230,304
Recovery rooms	31,860	4,241	30,016	4,381
Delivery and labor rooms	94,008	8,176	68,854	2,582
Emergency service	510,110	38,857	369,228	5,916
Outpatient	404,373	21,209	364,035	8,877
Urology clinic	46,088	5,571	47,522	6,764
Kidney dialysis	40,129	53,456	22,106	17,757
Education	386,745	21,006	365,467	13,441
	<u>\$5,407,780</u>	<u>\$ 417,721</u>	<u>\$5,062,522</u>	<u>\$ 308,323</u>
Other professional services:				
Laboratory administrative	\$ 98,624	\$ 42,351	\$ 109,907	\$ 65,592
Laboratory	1,054,129	210,318	1,035,160	212,943
Blood bank	72,611	156,494	49,654	117,356
Morgue	52,542	2,798	30,034	2,885
Electrocardiology	44,112	10,856	38,409	7,523
Cardiac	15,948	3,096	16,346	3,291
Electroencephalography	17,303	5,323	18,726	3,416
Radiology	506,733	223,125	528,474	226,727
Pharmacy	169,925	569,840	152,828	588,443
Anesthesiology	272,964	37,473	268,044	25,587
Anesthesiology - education	38,535	96	38,076	15
Therapy	252,297	144,531	267,743	108,917
Pulmonary laboratory	16,145	3,915	18,929	3,175
Central supply service	137,336	449,250	123,379	487,904
Social service	175,574	3,141	172,886	6,510
Cervical cancer	38,278	82	27,875	-
Education - interns	251,491	2,522	244,720	320
Medical records	236,706	31,566	222,095	23,688
Medical education and administration	2,129,423	75,548	2,098,837	96,206
	<u>\$5,580,676</u>	<u>\$1,972,325</u>	<u>\$5,462,122</u>	<u>\$1,980,498</u>

Patient service revenues

Year ended December 31,			
1972			
	<u>Total</u>	<u>Inpatient</u>	<u>Outpatient</u>
Daily patient services:			
Medical and surgical	\$ 4,752,822	\$ 4,752,822	
Pediatrics	534,496	534,496	
Intensive care	586,026	586,026	
Psychiatric	1,037,022	1,037,022	
Obstetric	218,840	218,840	
Newborn nursery	56,749	56,749	
Alcoholic rehabilitation	258,908	258,908	
Burn unit	174,287	174,287	
Coronary unit	233,409	233,409	
	<u>7,852,559</u>	<u>7,852,559</u>	
Other nursing services:			
Operating rooms	794,234	780,345	\$ 13,889
Recovery rooms	83,000	82,750	250
Labor and delivery rooms	65,213	62,815	2,398
Emergency service	663,372	75,190	588,182
Outpatient services	514,716	13,450	501,266
Urology clinic	76,545	27,754	48,791
Kidney dialysis	99,440	54,670	44,770
Other	405	-	405
	<u>2,296,925</u>	<u>1,096,974</u>	<u>1,199,951</u>
Other professional services:			
Laboratories	2,104,157	1,525,757	578,400
Blood bank	272,685	244,657	28,028
Electrocardiology	121,755	86,326	35,429
Cardiology	25,908	25,908	
Electroencephalography	44,720	27,505	17,215
Radiology	1,228,570	693,461	535,109
Pharmacy	1,098,195	579,629	518,566
Anesthesiology	413,457	411,945	1,512
Therapy	707,724	648,568	59,156
Pulmonary	136,627	130,187	6,440
Central supply service	664,447	594,016	70,431
Social service	6,828	6,822	6
Cervical cancer	23,520	866	22,654
	<u>6,848,593</u>	<u>4,975,647</u>	<u>1,872,946</u>
	<u>\$16,998,077</u>	<u>\$13,925,180</u>	<u>\$3,072,897</u>

Year ended December 31,

1971

<u>Total</u>	<u>Inpatient</u>	<u>Outpatient</u>
\$ 4,965,689	\$ 4,965,689	
616,280	616,280	
579,288	579,288	
872,209	872,209	
267,050	267,050	
60,664	60,664	
164,342	164,342	
191,092	191,092	
216,332	216,332	
<u>7,932,946</u>	<u>7,932,946</u>	

747,830	739,633	\$ 8,197
80,000	79,525	475
66,704	64,548	2,156
575,997	64,750	511,247
467,372	12,366	455,006
66,654	28,430	38,224
41,421	32,610	8,811
7	-	7
<u>2,045,985</u>	<u>1,021,862</u>	<u>1,024,123</u>

2,307,220	1,704,882	602,338
206,482	186,360	20,122
121,495	86,749	34,746
28,425	28,425	
38,616	23,643	14,973
1,190,409	664,771	525,638
981,424	535,572	445,852
388,585	386,460	2,125
519,350	462,848	56,502
123,670	115,926	7,744
727,353	664,885	62,468
6,986	3,786	3,200
34,097	1,018	33,079
<u>6,674,112</u>	<u>4,865,325</u>	<u>1,808,787</u>
<u>\$16,653,043</u>	<u>\$13,820,133</u>	<u>\$2,832,910</u>

TABULATION OF 1973 BUDGET

Page No.	Cost Center Code	Cost Center Name	1972 Approved Budget		✓ 1973 Budget		Revenue Budget 1973
			Total	FTE	Total	FTE	
Nursing Serv.-Patient Care							
6	610	Nurs. Service' Office	202,853	14.5	237,528	14.5	---
7	612	4-W - Rehabilitation	116,295	15.5	154,326	18.0	379,433
8	613	5-E - Gynecology	101,608	13.0	123,238	13.0	317,998
9	615	5-W - Orthopedics	181,153	22.5	222,907	23.5	573,121
10	616	6-E - Surgery	129,074	17.0	160,603	17.0	355,727
11	617	6-S - Urology ENT	157,697	21.0	196,964	21.0	488,305
12	618	6-W - Surgery	195,904	25.5	298,711	32.0	616,495
13	619	7-E - Medicine	101,185	13.5	128,534	13.5	292,594
14	620	7-S - Medicine	192,463	25.5	223,995	25.5	543,525
15	621	7-W - Medicine	197,743	25.5	239,076	25.5	543,525
16	625	9-E - Neurology	141,020	18.0	198,682	21.0	320,959
17	626	9-S - Surgery	179,721	23.5	223,362	24.0	522,621
18	627	9-W - Tuberculosis	-0-	-0-	762	-0-	-0-
	630	4-E - Pediatrics	152,179	19.5	184,184	21.0	569,400
2	631	4-S - Pediatrics	152,906	19.5	-0-	-0-	
21	639	ICU Medicine	138,404	17.0	173,708	17.0	223,936
22	640	Burn Unit	114,103	15.0	152,731	16.5	224,325
23	641	CCU	126,161	15.0	152,301	15.0	231,089
24	642	ICU Surgery	204,027	25.0	260,752	25.0	310,124
25	643	8-E - Child Psych.	85,155	11.5*	115,653	11.5	346,477
26	644	8-S - Adult Psych.	143,311	25.0*	217,839	25.0	355,382
27	645	8-W - Adult Psych.	76,090	15.5*	134,040	15.5	498,225
28	646	5-S - Obstetrics-Gyn.	94,626	12.5	117,687	12.5	279,132
29	647	9-W - Alcoholic Rehab.	44,699	5.5*	58,560	5.5	607,360
30	650	Newborn Nursery	67,018	8.5	86,215	8.5	99,700
31	651	Premature Nursery	81,334	9.0	97,715	9.0	84,739
		Subtotal	3,376,729	433.5*	4,160,073	430.5	8,784,192
			90,000*				
			3,466,729				
Nursing Specialty Areas							
32	660	Operating Rooms	453,028	35.4	606,516	35.0	848,000
34	665	Post Anesthesia Recov.	34,300	3.0	40,029	3.0	81,700
35	670	Labor and Delivery	98,937	12.5	123,497	12.5	78,579
		Subtotal	586,265	50.9	770,042	50.5	1,008,279

* Altered by Board Action during 1972

Page	Cost Center Code	Cost Center Name	1972 Approved Budget		1973 Budget		Revenue Budget 1973
			Total	FTE	Total	FTE	
Outpatient Service							
36	678	Emergency Service	530,384	53.5	643,876	53.5	823,000
38	679	Outpatient Clinic	384,302	48.1	495,363	50.2	700,000
40	680	Urology Clinic	55,907	6.0	60,547	6.0	81,000
41	681	Kidney Dialysis	58,080	6.0*	97,324	6.0	104,060
Subtotal			1,028,673	113.6*	1,297,110	115.7	1,708,060
Nursing Education							
42	690	Nursing School	345,185	30.2	405,384	31.2	307,973*
44	693	Inservice Education	34,982	2.3	34,744	2.3	-0-
45	697	Student Nurse Res.	32,479	4.1	36,815	4.1	59,000
Subtotal			412,646	36.6	476,943	36.6	366,973
Specialty Laboratories							
46	713	EKG	53,144	5.0	61,969	5.0	128,000
48	714	Cardiac-Cath. Lab.	21,908	2.0	24,624	2.0	30,000
49	715	EEG - EMG	23,765	3.0	29,547	3.0	46,070
50	739	Pulmonary Lab.	21,814	2.6	29,119	2.6	132,066
Subtotal			120,631	12.6	145,259	12.6	336,136
Ancillary and Prof. Services							
52	730	Pharmacy	754,157	15.7	786,523	16.2	1,157,276
54	731	Anesthesiology	296,707	17.0	349,159	18.2	445,000
56	732	Sch. of Nurs.-Anes.	37,838	9.0	46,019	9.0	-0-
57	738	Inhalation Therapy	178,221	14.4	232,905	17.4	408,000
59	740	Central Supply	557,894	20.5	569,273	21.0	700,000
61	741	Social Service	179,072	15.0	219,688	15.0	6,432
62	750	Laboratory	1,552,625	100.0	1,881,285	99.85	2,505,874
64	751	Radiology	692,375	49.2	760,316	48.2	1,278,659
66	753	Phys. Med. - Rehab.	622,674	17.0	225,293	17.75	299,189
68	768	Medical Records	290,820	33.5	338,269	33.5	1,896
Subtotal			4,762,383	291.30	5,408,730	296.10	6,802,326

* \$253,946 Tuition, plus \$54,027 Federal Capitation Grant

Cost Center Code	Cost Center Name	1972 Approved Budget		1973 Budget		Revenue Budget 1973
		Total	FTE	Total	FTE	
Medical Services and Education						
70	761	Interns and Education	258,500	37.0	298,363	37.0
71	769	Med.-Nursing Library	42,491	2.75	48,974	2.75
72	771	Dermatology	33,258	2.5	35,926	2.5
73	772	Medicine	431,579	31.1	480,046	31.1
75	773	Neurology	231,154	13.7	226,629	13.7
77	774	Obstetrics-Gyn.	166,622	11.7	175,877	14.2
79	775	Ophthalmology	114,298	10.15	130,151	9.65
81	776	Orthopedics	89,281	5.0	108,009	6.0
82	777	Otolaryngology	112,855	7.4	124,572	7.1
84	778	Pediatrics	180,172	11.25	175,562	10.05
86	779	Psychiatry - Adult	219,151	16.77	264,956	16.87
88	780	Psychiatry - Child	42,861	4.7	66,010	4.2
90	781	Surgery	318,432	24.0	355,578	24.0
92	782	Tuberculosis	38,841	2.2	2,620	2.15
93	783	Urology	121,779	8.5	128,309	7.5
95	784	Alcoholic Rehab.	83,426	7.0	115,213	7.0
96	785	Chief of Staff	19,965	1.5	22,688	1.5
		State Subvention for U.G. Medical Education				560,000
		Subtotal	2,504,665	197.22	2,759,483	197.27
General Services						
97	801	Dietary	1,143,722	113.0	1,261,535	109.5
99	814	Diet. Int. & Ed.	65,291	13.0	75,707	13.0
100	830	Bldg. and Grounds	156,158	10.0	-0-	-0-
100	831	Operation of Plant	759,788	33.0	1,013,584	44.5
102	840	Motor Service	44,702	4.0	54,920	5.0
103	845	Duplicating Center	37,592	2.0	41,534	2.0
104	850	Housekeeping	720,484	99.0	842,723	99.0
106	860	Laundry	239,504	30.0	249,660	27.5
		Subtotal	3,157,241	304.0	3,539,663	300.5
						328,346

Page No.	Cost Center Code	Cost Center Name	1972 Approved Budget		✓ 1973 Budget		Revenue Budget 1973
			Total	FTE	Total	FTE	
		Administrative and Fiscal					
108	901	Accounting	123,383	10.0	143,237	10.0	25,075
110	910	Business Office	183,778	25.0	231,950	24.6	
112	911	Cr. and Collections	123,796	16.0	153,746	16.4	12,000
114	912	Admitting	182,138	21.0	202,106	21.0	
116	920	Data Processing	279,124	10.0	277,680	10.0	
118	922	Inf. Desk and Mail	48,594	4.1	63,440	4.1	
119	926	Telephone and Switchboard	178,064	11.0	189,547	11.0	1,800
120	930	Administration	316,127	9.0	407,730	9.0	
122	941	Personnel	125,504	5.0	155,964	5.0	
124	942	Purch. - Stores	104,144	9.0	63,816	3.0	
126	943	Dev. - Comm. Resources	34,073	3.0	47,557	3.5	
127	944	Systems Analysis	55,477	5.0	65,695	5.0	
129	945	Mat. Mgt.	-0-	-0-	56,536	6.0	
130	946	Employee Health Serv.	17,711	1.0	13,517	1.0	
131	947	Emp. Welfare & Ins.	1,370,000	-0-	19,000	-0-	
		MEARF					150,551
		Subtotal	\$ 3,141,913	129.1	\$2,091,521	129.6	\$189,426
		Subtotal without Salary Reserve and Equipment	19,181,146	1,568.82	20,648,824	1,569.37	20,083,738
		Res. for Sal. Inc.	134,143		75,000		
		Eq. Budget	317,288		435,952		
		Less Lapsed Salaries due to Turnover			(140,040)		
		County Subvention Community Services:*					
		Ch. Dev.	154,453	12.1	210,909 ✓	13.2	128,000
		Patient Revenue					82,909
		Nurs. School					150,000
		Emerg. Serv.					390,000
		Para-Med. Prog.			45,000		45,000
		Sp. Proced.					78,000
		Cerv. Cancer	37,827	3.25	-0-	-0-	-0-
		TOTALS	\$19,865,400	1,584.17	\$21,275,645	1,584.07	\$20,957,647

*In addition to the County Subvention shown in the revenue budget above, the hospital is requesting \$500,000 for uncollectible accounts, making a total request from the County of \$1,291,000.



OFFICE OF THE MAYOR
CITY OF SAINT PAUL
EXECUTIVE DEPARTMENT

January, 1966

George J. Vavoulis
Mayor

SAINT PAUL-RAMSEY HOSPITAL STUDY COMMITTEE REPORT

Our committee submitted the Saint Paul-Ramsey Hospital Study Report to a joint session of the Ramsey County Welfare Board, the Ramsey County Commissioners, and the Saint Paul City Council on Friday, January 7, 1966.

The report was accepted by the bodies mentioned and the committee was requested by the Ramsey County Welfare Board to continue its service in carrying out the recommendations.

We desire that all persons and organizations who cooperated with our committee have a copy of the report. We hope you will find it interesting reading and we will welcome your comments.

On behalf of the committee, I wish to express our sincere and deep appreciation to those persons who gave generously of their time and provided valuable information upon which our report is based.

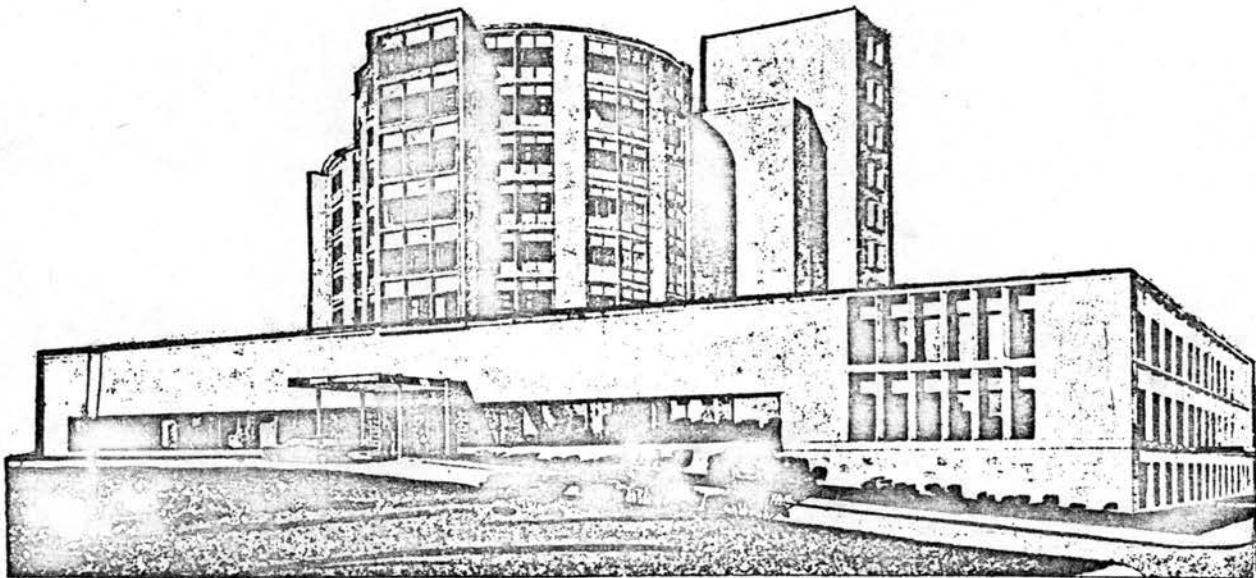
A handwritten signature in cursive script, reading "S. Verhey", is positioned above the typed name of the chairman.

Seymour Verhey, Chairman
Saint Paul-Ramsey Hospital
Study Committee

CITIZENS COMMITTEE REPORT

ON

SAINT PAUL-RAMSEY HOSPITAL



DECEMBER, 1965

REPORT
OF THE
SAINT PAUL-RAMSEY HOSPITAL STUDY COMMITTEE
SEYMOUR VERHEY, CHAIRMAN

TO
THE HONORABLE GEORGE J. VAVOULIS
MAYOR OF THE CITY OF SAINT PAUL
AND
CHAIRMAN OF THE BOARD OF THE RAMSEY COUNTY COMMISSIONERS

AND
THE RAMSEY COUNTY WELFARE BOARD
THE BOARD OF THE RAMSEY COUNTY COMMISSIONERS
THE CITY COUNCIL OF SAINT PAUL

DECEMBER, 1965

ROSTER
OF THE
SAINT PAUL-RAMSEY HOSPITAL STUDY COMMITTEE

SEYMOUR VERHEY, CHAIRMAN

COMMITTEE MEMBERS

JULIAN PAIRD	JOSEPH MAUN
RODNEY DANIELSON	FREDERICK M. OWENS, JR., M.D.
CECIL MARCH	PAUL A. SCHILLING
THE REV. HARRY P. SWEITZER	

ADVISORS TO THE COMMITTEE

CHARLES J. BIRT
A. A. HECKMAN
CARL HERBERT
FRANK M. RARIG, JR.

PROFESSIONAL CONSULTANT

PHILIP D. BONNET, M.D.
UNIVERSITY HOSPITAL
BOSTON UNIVERSITY MEDICAL CENTER

SECRETARY TO THE COMMITTEE

CHARLES J. BIRT

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It is our pleasure to submit the report of the Saint Paul-Ramsey Hospital Study Committee, in accordance with the charge given by you to the committee on May 20, 1965:

"To make an objective study of the contribution made by Ancker Hospital over the past years and to provide guidelines for a program in future years, which will be consistent with modern requirements in hospital management, patient care, medical education, basic and applied research to which all citizens can subscribe and will support."

The Board of Commissioners of Ramsey County and the Saint Paul City Council passed resolutions authorizing such a study in March and April of 1965. The Ramsey County Welfare Board, in a letter to the Mayor dated April 28, 1965, concurred with these actions.

The impetus for the study came from an increasing community concern about medical care, rising costs, and university relationships. To the credit of the authorizing bodies, they urged that the focus in the study be on the major role the new facility should occupy in the community in providing the highest quality of medical care, emergency-accident service, training, teaching, research, and outpatient services.

INTRODUCTION

To orient itself, the committee immediately took steps to collect and read all known reports and documents dating back to 1945. The committee also visited the new facility and was impressed by the opportunity it presented to become one of the outstanding public hospitals in this area.

The information produced by the study of the following data of immeasurable help in formulating the procedures to be adopted and the areas of study to be emphasized.

Among such reports and documents, the following were of greatest importance:

- A. Official reports relative to hospital programs since 1945, among these were memoranda and minutes on the series of meetings held between the representatives of the Medical School, University of Minnesota, and members of the Ramsey County Welfare Board.
- B. The Booz-Allen-Hamilton Study of Ancker Hospital - 1954.
- C. Mayor's Citizen Committee Report, Ancker Hospital, E. E. Engelbert, Chairman - 1957.
- D. The five-year statement covering receipts and disbursements by departments within Ancker Hospital - Ramsey County Welfare Board.
- E. Saint Paul Area - General Hospital Study, Louis Block and Associates, Inc., John M. Musser, Chairman - 1960.
- F. General Hospital Bed Demand and Nursing Home Bed Needs, Metropolitan St. Paul Hospital Planning Council - 1965.
- G. Ancker Hospital Staff Constitution and By Laws.
- H. Current service, financial, and budgetary statements.

The second phase of the committee's orientation program was a series of conferences with members of the medical profession within the hospital, the University, and Ramsey County. Those who generously responded to the committee's invitation were:

Dr. Thomas E. Broadie	Superintendent, Ancker Hospital
Dr. D. R. Gillespie	Voluntary Staff
Dr. James F. Hammarsten	Director, Department of Internal Medicine Ancker Hospital
Dr. Robert B. Howard	Dean, College of Medical Sciences, University of Minnesota
Dr. Milton Hurwitz	Voluntary Staff
Dr. Dennis Kane	Director, Medical Education, Ancker Hospital
Dr. N. Logan Leven	Voluntary Staff
Dr. J. F. Perry	Chief of Surgery, Ancker Hospital
Dr. Wallace P. Ritchie	Voluntary Staff.

In this series of meetings comments were made and information was obtained on the hospital-medical school relationship; the internal administration of the hospital; the necessity for adequate staffing; the selection and training of interns and residents;

the areas of difficulties in coordination and communication; the need for clarification of policies on tenure and salary ranges; the relationship of the full time paid staff to the voluntary staff; and the need for a teaching, training, and research program.

A committee session was devoted to a meeting with Sam S. Grais, Chairman Miss Ruth L. Bowman, Executive Director, and members of the Ramsey County Welfare Board. This session highlighted the relationship of the board to the University authorities; the hospital budget; the impact of medical care payments and third party payments; the necessity for a Work Measurement Study; the cost of a medical education program; the appointment of a Hospital Advisory Committee; and purchasing, accounting, and collecting procedures.

Another committee session was devoted to a meeting with Commissioner James Dalglish, Chairman, and members of the Fact Finding Committee of the city/county governments. In this meeting the financial history of the hospital, the budgeting process, the cost of operation, and the advisability of a Work Measurement Study were brought forth.

Significant papers were presented to the committee by A. A. Heckman, Executive Director of the Louis W. and Maud Hill Family Foundation, Carl Herbert, Executive Director of the Saint Paul Bureau of Municipal Research, and Frank M. Rarig, Jr., Secretary of the Amherst H. Wilder Foundation. These covered the future role of the hospital, the changing patterns in program and finance, the history of the Ramsey County Welfare Board in administering the hospital, and the laws and power of the governmental bodies related to the operation of the hospital.

Upon completion of the interviews and the meetings, the committee decided it was sufficiently acquainted with the many aspects the study should cover. It was agreed that the services of an outstanding professional hospital administrator should be engaged to serve as consultant to the committee and advise on the future steps to be taken.

SCOPE OF THE STUDY

The committee decided that its primary task was to ascertain the future role of the new facility within the community's health and hospital resources. It informed the Ramsey County Welfare Board that it did not deem it desirable to include within the scope of the study the question of the disposition and sale of the old Ancker property and the plan to move from the old facility into the new.

In the conference with the members of the Ramsey County Welfare Board, it was agreed that the Work Measurement Study, as approved by the Fact Finding Committee and supported by an initial appropriation of \$50,000, would be postponed until the committee's study was completed. It was the judgment of the committee that the Work Measurement Study, supported by adequate accounting procedures, would offer an excellent opportunity to define and evaluate the work being performed to determine the future manpower needs of the hospital.

The committee anticipates that the Work Measurement Study will produce information on many of the questions of current public concern related to staffing patterns and housekeeping assignments. It decided, therefore, that the committee should not engage in any similar efforts to produce like information.

In September, Philip D. Bonnet, M.D., Administrator of the University Hospital, Boston University Medical Center, was engaged as professional consultant to the committee. Dr. Bonnet also serves as Clinical Professor of Hospital Administration, Boston University School of Medicine. At the present time he is also president of the American Hospital Association.

The professional consultant, in conference with the committee, was asked to give consideration to the following areas of concern which the committee felt were most significant to the purpose of the study:

- A. Relations with University and Medical School.
- B. Role of Voluntary Medical Staff Members.
- C. Medical Staff Organization.
- D. Adequacy or Inadequacy of Staffing, especially on Professional Staffs.
- E. Role of Education and Research.
- F. Program and Community Service of the Hospital.
- G. Impact of Medicare and Other Third Party Payments.
- H. Relations of Voluntary Hospitals in Saint Paul and Ramsey County.
- I. Financing, Cost Control, Efficiency.
- J. Organization, Administration, and Management.
- K. Financing Physician Services.

The consultant undertook the essential field work necessary to explore these areas by visiting with all institutions, organizations, official governmental departments, and boards related to, or responsible for, the operation of the hospital. He conferred with approximately 75 individual professional persons and with the professional medical leadership of the community as represented by the executive committee of the Ramsey County Medical Society, the Dean of the Medical School, University of Minnesota, the Chief of Staff and members of the paid and voluntary staff of the Saint Paul-Ramsey Hospital.

Dr. Bonnet was requested to gather information on the most recent technological developments in hospital management, trends in hospital care, estimates on the impact of third party payments, especially the implication of the Medicare program for voluntary and public hospitals. His views were also requested on the place and significance of teaching, training, and research activities within the hospital setting and his suggestions were sought on ways to maximize income, control costs, and obtain wider distribution of financial responsibility for the services being provided.

Since it was not possible to study in detail all of the above items, the committee decided, in consultation with Dr. Bonnet, upon the following priorities:

1. Objectives, Community Role, and Program of the Hospital.
2. Medical Staff Organization and Medical School Relations.
3. Financing of the Hospital.
4. Internal Organization, Administration, and Management of the Hospital.
5. Organizational Relationships of the Ramsey County Welfare Board and the hospital.

All of the areas of concern, expressed by the committee, were touched upon either directly or indirectly. The largest amount of time, however, was devoted to the five priority considerations.

* * * * *

OBJECTIVES, COMMUNITY ROLE, AND PROGRAM OF THE HOSPITAL

The Ancker Hospital was established as the Ramsey-City Hospital for the indigent in 1872 and placed under a board of three directors. In 1889, it was placed under a Board of Control. In 1929, the Board of Control was replaced by the Board of Public Welfare (Chapter 371-Minnesota Statutes, Laws 1929). In 1937, the Board of Public Welfare was changed (Chapter 341-Minnesota Statutes, Laws 1937) to the Ramsey County Welfare Board. Under the Laws of 1937, the hospital, the categorical aides, General Assistance, the County Tuberculosis Program, the Ramsey County Home for the Aged, and a City-County Physician Program were consolidated under the new board.

The hospital has been fortunate through the years in the leadership it has had and in the contribution made in time and knowledge by our leading physicians. Among those whose names could be mentioned are Dr. Arthur B. Ancker, Dr. Fred C. Carter, and many others. It was under the leadership of these men and the many volunteer physicians that the hospital became recognized and acknowledged as a training center for interns, resident physicians, and nurses.

The practice of contributed service by physicians in patient care, education, and training was widespread in the United States from around 1900 until 1940, particularly in larger cities and in famous county or municipal hospitals such as Bellevue Hospital in New York City, Philadelphia Hospital, Cook County Hospital, and Boston City Hospital. In all of these it was primarily the interns and residents who took care of the patients under the conscientious supervision of the volunteer staff.

Beginning in the 1930's, this informal apprenticeship type of program based on contributed services encountered difficulties. Scientific specialization in medicine emerged and expanded rapidly. New formal educational requirements appeared. At the same time, physicians found increasing demands on their own time in order to keep up with medical advances, to care for more patients, and to maintain their professional position. At this same time, economic problems multiplied and new government welfare programs were established.

In the 1940's, World War II obscured and delayed adjustments in medical care, medical education, and medical economics with a result that at the end of the war there were many changes needed. In addition, the lessons and benefits of scientific research had been emphasized during the war with the result that federally financed medical research was expanded rapidly. Further, there was a rapid increase in hospital costs because of inflation, rising wages, and improved technology.

In dealing with these changes the Ancker Hospital appropriately concerned itself with the availability of interns and residents, supervised by full time staff members associated with the University Medical School, to assure the care of the patients. The voluntary staff, not from unwillingness, lack of generosity, or lack of interest but because of changed circumstances, found it increasingly difficult to contribute much time.

While the primary purpose of the hospital in the beginning was the care of the poor and indigent, the needs of the community over the years led to the addition of new

services in the field of tuberculosis and contagious diseases and the provision for centralized accident and emergency service for the entire city and county, a service which has proved to be of immeasurable benefit to the community. As a result, no other hospital has considered it necessary or desirable to establish a major accident or emergency department. In the tuberculosis, contagion, and emergency service, the hospital has served everyone without regard to their financial status.

In 1955 a Citizens Committee with E. E. Engelbert, Chairman, was appointed by the Mayor to study and to recommend the need for a new hospital facility to replace the old Ancker Hospital. This committee completed its task when the 1957 Legislature passed Chapter 938-Minnesota Statutes, Laws of 1957, which empowered the city and the county to finance and build a hospital facility to replace the then existent Ancker Hospital.

The location and erection of the new hospital was the responsibility of the current Hospital Building Facility Commission. The hospital was completed in early 1965. It is a fine, new physical plant, providing 561 beds (exclusive of bassinets for the newborn). Its cost was approximately 16.5 million dollars, representing a community investment of about \$42 per person, which can be considered a modest insurance cost for having the emergency service alone available. With the move to the new hospital the name was changed to the Saint Paul-Ramsey Hospital.

Until a year ago all welfare beneficiaries were required to be hospitalized at Ancker Hospital, a policy which maximized the allocation of welfare funds for health services to Ancker Hospital. With the beginning of the Kerr-Mills program to assist the aged it was required by law that all beneficiaries of federal welfare categories be permitted free choice of hospital and physician. The significance of this change to "free choice" is great. Under Public Law 89-97 (Federal), effective July 1, 1966, and commonly known as Medicare, all people over 65 years of age will be paying patients for their short term, acute care and will be no longer classified as "welfare" for most of

their hospital service needs. These sources also will provide funds for physicians treating Medicare patients.

Therefore, it is becoming increasingly clear that under the new third party programs (Medicare, group insurances, etc.) for financing hospitals and medical services, the number of patients for whom hospital care must be provided from local tax funds will decline gradually. The change, under third party payments from local to federal responsibility, however, will not make less essential the Saint Paul-Ramsey Hospital within our community. Its hospital beds, the outpatient service, and the emergency service are all part of the total community resources and, as such, are imperative. Studies indicate that the number of hospital beds in Saint Paul and Ramsey County are about right for the present population and, if present plans for minor expansion of some hospitals are carried out, will be sufficient until 1970. Without the beds in Saint Paul-Ramsey Hospital there would be a serious shortage in the area.

Although it is not possible to judge the degree of change, it is expected that Medicare will increase the use of hospital beds. The more flexible use of beds in the Saint Paul-Ramsey Hospital will not create problems for voluntary hospitals. After July 1, 1966, the demand will probably utilize the bed capacity of all hospitals and a more flexible use of beds will be necessary. In addition since Medicare involves extended care facilities and home care service, the hospitals will need to expand their activities in these areas.

RECOMMENDATIONS:

1. The objectives, program, and community role of the Saint Paul-Ramsey Hospital should be reviewed periodically and gradually adapted to the rapidly changing conditions. As long as necessary, the traditional and essential services for indigents should be continued on a level of high quality. The hospital, therefore, will need to consider ways to evolve, in an orderly and constructive manner, from an institution centered upon care of the "so-called indigent" to an institution serving a broader clientele whose financial support will come through third party payments.
2. The hospital should undertake a more active role in the Metropolitan St. Paul Hospital Planning Council and participate actively in helping define the appropriate

role for the Saint Paul-Ramsey Hospital as part of the total community pool of hospital services and facilities.

3. The objectives and the role of the hospital in the education of all health personnel--physicians, nurses, technicians, therapists, medical secretaries, medical record librarians -- should be defined.* It is essential that the hospital, in its own interest, participate in educational programs.
4. The objectives and role of the hospital in research should be defined.* It is essential that the hospital, in its own interest, participate in research, which should include not only medical, scientific research, but patient care studies and community service studies as well, all of which are usually supported by other than local tax funds.

MEDICAL STAFF ORGANIZATION AND MEDICAL SCHOOL RELATIONS

While there were a few exceptions prior to World War II, it was the custom throughout the country for physicians to give freely of their time and skill, especially in a hospital organized to care for poor and indigent persons.

During and following World War II, the numbers of physicians who found it possible to contribute a substantial amount of their services decreased sharply. War was one factor; specialization another. As a result, the hospital and the medical school at the end of the war found a common interest in the development of a certain number of "full time" positions in clinical departments so that patients could be cared for; educational programs for interns, residents, and medical students could be improved; and research programs could be developed. This alternative to the decline in donated physician services was not peculiar to Saint Paul or Minnesota. It was occurring in one form or another in all major cities with municipal hospitals. As with all social changes, there was a certain amount of resistance, misunderstanding, and emotional turmoil as the older patterns gave way to the new. This transition is not yet complete and some resistance and anguish persist. Understandably, the voluntary staff members are reluctant to give up their traditional eligibility to serve as Chiefs of Service and the "full time" staff members, understandably, have difficulty developing educational programs for which they have responsibility without a commensurate position of prestige and influence.

* see page 17, Number one.

The problem is clear. How can the hospital assure its patients that physicians and surgeons will be promptly available? How can a full complement of interns and residents be obtained regularly? Interns and residents today choose situations where two kinds of opportunities exist: (1) an opportunity to be given real responsibility in the care of patients and (2) an opportunity to learn from enthusiastic preceptors who are seeking ways of improving patient care, improving medical technology, and advancing the frontiers of science.

A hospital providing these opportunities is often loosely called a "teaching hospital." Being a teaching hospital is not enough by itself to create the interest and opportunity which young medical graduates eagerly seek and readily find in the university medical centers but any good hospital must be a teaching hospital in which physicians continually teach each other and the patients and where everyone seeks to improve his performance.

Since the Saint Paul-Ramsey Hospital must depend to a very large extent on interns and residents to provide the care of patients under staff supervision, its self-interest requires that it conduct the kind of program which will attract young medical graduates. Education and graduate programs in medical specialties are important in their own right but in the case of a city/county hospital, they are today fundamental to the recruitment and availability of the medical staff needed to care for the patients.

There are problems of understanding, of communications, and of organization within the medical staff. There are no well-defined ground rules in regular use to facilitate cooperation among the various portions of the medical staff, and the hospital and the medical school. Although consideration has been given to an Agreement of Affiliation between the medical school and the welfare board, it has never been executed. The Medical Staff Constitution and By Laws have been reviewed recently and a current revision is being considered. To improve communications and understanding, accepted and approved policies and procedures in writing are basic to avoid the confusion when reliance is placed on verbal information from multiple sources.

Recent articles in the public press have commented on the confusion which exists in the relationship of the medical staff to the hospital. With good will, written ground rules, and devotion to common objectives there should be little difficulty in solving the medical staff problems which have developed in recent months. There is no serious major problem, only a series of minor problems which have multiplied to the point of appearing to be major because appropriate treatment was not given when the problem first appeared.

A medical staff cannot function as a straight hierarchical and pyramidal organization. The individual physician must, within limits, be free to exercise his own professional judgment in the care of a specific patient. The problem arises in trying to provide for appropriate freedom and necessary autonomy on the one hand and responsibility to the hospital with professional accountability to medical staff colleagues on the other hand. Both can be provided if the problem is understood. The solution must be tailored to meet the needs of the local situation in establishing an organizational pattern.

RECOMMENDATIONS:

1. The medical staff organization and activities should be reviewed and clarified in the three essential areas: patient care, education, and research.
2. A Memorandum of Understanding between the Saint Paul-Ramsey Hospital and the University of Minnesota Medical School should be developed jointly by representatives of the hospital medical staff, the hospital administration (including the Hospital Advisory Committee), the medical school faculty and the medical school administration, and approved by the University and by the Ramsey County Welfare Board. This memorandum should cover specifically, among other matters:
 - a. a procedure for selecting a department head of a major clinical department through an election by members of the department (to include both voluntary and full time staff members);
 - b. a definition of organizational and financial relationships of physicians to both the hospital and the medical school, with clear indication of tenure, of opportunities to supplement salary by professional fees, and of channels of communication and accountability;
 - c. a provision for membership of and regular meetings of the Joint Education Council with a clear statement of the functions and the responsibilities of the council;

- d. a determination of the need of the present position of Director of Medical Education and its relationship to an obvious need for an overall Director of Professional Services;
 - e. a procedure for modifying the Memorandum of Understanding;
 - f. a provision for termination of the relationship of hospital and medical school on notice by either party not less than three years from the July 1, following the date of notice.
3. The Medical Staff Constitution, By Laws, and Regulations should be carefully prepared and updated in a manner consistent with the Memorandum of Understanding and which would define a clear role for members of the "voluntary" staff who devote their time to the care of patients or other activities at the hospital. The By Laws should recognize that participation in education and research activities are essential conditions for staffing this kind of a hospital and maintaining up-to-date quality care of patients by interns and residents.

FINANCING OF THE HOSPITAL

As the sources of income from specific programs and specific projects of both private and government agencies multiply, hospital financing is increasingly complex. Hospitals of all types are steadily being relieved of the necessity of financing indigent care through their own resources. Even though there always will be some element of charitable financing, the need for outside financing should continue to decline.

Hospital costs inevitably will continue to rise because of increasing wage levels, advancing medical technology, increasing competition for qualified personnel and steady upgrading in care from professional standards and public expectations. If a hospital is to provide quality care (only one high quality is acceptable), there is no answer to be found in attempting to reduce hospital costs directly in a single institution. Every hospital should operate prudently and economically, within the limits of human capacity. A proportion of the hospital costs is influenced by many outside factors over which the hospital has little control. Therefore, it is necessary to look at possible new sources of income, such as third party financing by federal and state governments, for all persons receiving public assistance, as well as patients receiving Medicare funds to offset the rising expenditure for hospital services.

The Saint Paul-Ramsey Hospital will need to avail itself of opportunities to increase its earned income. A detailed study was not possible at this time. However,

the clearly apparent, divided responsibility for preparing bills and charges for services and the collection of the charges results in a loss of earned income. The only way the local tax burden can be mitigated is to seek earned income aggressively. At present about one-quarter of the total hospital expense is met by earned income. The remainder is borne by local taxes. Within ten years, this proportion could be reversed by an aggressive program to increase earnings from existing sources and new programs, such as Medicare. Reversing the proportion could decrease the local tax burden to about one-quarter of the hospital expenditures instead of the present three-quarters.

A quick analysis of the hospital expenses suggests that if the cost of all paid physicians, interns, and resident physicians is divided by the total number of patient days, with no allowance being made for physicians' services in the outpatient clinic and in the emergency department, the cost will be a minor part of the total hospital operation. This analysis would tend to refute comments that medical education has been one of the primary causes for high operating costs.

The initiation of a comprehensive accounting system would make it possible to identify the exact cost of medical education. The availability of this information to others primarily concerned with medical education could lead to the sharing of this cost on a more equitable basis. Research projects also offer many opportunities for obtaining additional funds, particularly those projects in which all or part of the salaries of essential staff members engaged in research can be funded.

RECOMMENDATIONS:

1. The hospital accounting system should be revised in conformity with the latest revision of the widely accepted and used Chart of Accounts, recommended by the American Hospital Association, so that by standard cost analysis methods appropriate charges related to actual costs can be developed and recorded for all services provided.
2. A charge should be recorded for all individual services provided and a bill presented whenever there is a third party or other resource to pay in full or in part for the care provided.

3. The hospital should be responsible for all accounting, billing and collecting.
4. Every effort should be made to increase earned income from all sources including research overhead and thereby reduce the need for increases in the local tax subsidies as hospital costs inevitably rise.

INTERNAL ORGANIZATION, ADMINISTRATION, AND MANAGEMENT OF THE HOSPITAL

The record of the present Superintendent of the hospital is an excellent one. He came to the hospital as an intern in 1928 and after serving in several capacities was appointed Superintendent in 1936. The hospital has been operated effectively in depression, in war time, in post war inflation, and in present day scientific sophistication. He has constantly emphasized high quality of patient care and the importance of emergency services. The Superintendent is entitled to great credit for what he has accomplished in the face of mounting problems.

It is to his credit that he has begun to give consideration to the type of administration the new hospital needs. The gradual evolution of the hospital to a more inclusive community service, thereby maximizing income in the process, makes it natural to assume that if the hospital is to fulfill its promise, the management of the hospital should be strengthened and modernized in several different areas, in particular by a more extensive accounting system, additional administrative assistants, and a public program of interpretation.

RECOMMENDATIONS:

1. Because of the gradual changes proposed in the status of the hospital in the future and because of the anticipated retirement within three years of the present Superintendent, steps should be taken to select his successor who can serve as his Chief Executive Officer until his retirement.
2. The business and institutional management should be strengthened.
3. A clear authority in writing with the appropriate accountability should be delegated to department heads within authorized budgets and policies.
4. The Work Measurement Study should be considered jointly with a program of cost accounting to assure the maximum benefit to the hospital and the personnel.

ORGANIZATIONAL RELATIONSHIPS OF THE RAMSEY COUNTY WELFARE BOARD AND THE HOSPITAL

It is a tribute to the dedication of the members of the Ramsey County Welfare Board over the years that its program and the institution have long maintained high standards.

The Ramsey County Welfare Board (a city/county body) consisting of five members is a quasi-governmental corporation. In addition to the responsibility for the direction and management of a vast and comprehensive community-wide social welfare program, it has a large degree of financial autonomy and responsibility for operating a number of institutions. The Board serves as the County Tuberculosis Commission. It is responsible for a City-County Physician Service. It operates two institutions. The total budget of the Ramsey County Welfare Board in 1966 will be 33 million dollars, of which nine million dollars represents the hospital budget and eight hundred thousand dollars, the County Home budget.

In recognition of the trend within the community, which indicates that the hospital will be less dedicated to the concept of a welfare institution and more to a community hospital, it is essential to examine and consider the relationship between the hospital and the Ramsey County Welfare Board.

The administrative operation of the hospital is a time consuming and a complex task. It is no criticism to suggest that the present structure of relations between Ramsey County Welfare Board and the hospital could be improved and strengthened. It is desirable for the Ramsey County Welfare Board to enlist the assistance of community leaders in the adaption of the hospital to new circumstances.

RECOMMENDATIONS:

The Ramsey County Welfare Board should appoint a committee of not less than five, and not more than nine, leading citizens of Saint Paul and Ramsey County to advise the

Ramsey County Welfare Board on the affairs of the Saint Paul-Ramsey Hospital and to make reports and recommendations on its operations. The name of this body should be the Hospital Advisory Committee. Its members should be appointed for at least three year terms, arranged so that the terms of not more than one-third expire in any one year. It is recognized that the ultimate authority and responsibility of the operation of the hospital will remain with the Ramsey County Welfare Board.

The Hospital Advisory Committee should concern itself, subject to the approval of the Ramsey County Welfare Board, with the following assignments and any additional ones to be requested by the Ramsey County Welfare Board:

1. To develop a working agreement among the Board, the Dean and faculty of the Medical School, and the hospital administration which would recognize the changing status of the hospital and assure the continuation of a strong program in intern and resident physician recruiting and the highest quality of service and medical care, teaching, and research.
2. To work with the Ramsey County Medical Society and the Metropolitan St. Paul Hospital Planning Council on behalf of the Board to effect an orderly transition from the tradition of service to the indigent to a hospital care program in which practically all persons will be covered by third party payments, either through federally financed programs or a combination of federal and private group programs.
3. To work with the hospital administration in devising ways to increase income by:
 - a. installing a cost accounting and collection system;
 - b. examining ways to obtain financial support for research projects; and
 - c. utilizing tax subsidies from the state and federal governments.
4. To recommend to the hospital administration methods of strengthening administrative services.
5. To confer with the professional members of the staff, the administration, and the Dean of the Medical School on the need and place of a Chief of Professional Services within the hospital administration, and to define clearly the duties of such a chief and his relationship to the hospital administration and the medical school.
6. To prepare and support a suitable program for the anticipated retirement of the present superintendent within the next three years and to initiate steps to select a successor to be designated Chief Executive Officer. The appointment of the Chief Executive Officer within the period of three years will permit a continuity in the management of the hospital and give the Chief Executive Officer an opportunity to benefit from the long and valuable experience of the present superintendent.

7. To confer and advise the Ramsey County Welfare Board on the program of Work Measurement. This program to be successful must be carefully interpreted in advance to the professional and institutional personnel and their representatives to assure maximum cooperation. It is advisable that such a study should be undertaken within the next six months.
8. To present an informed advisory opinion on the budget requests and needs of the hospital to the Ramsey County Welfare Board and to the city and county administration.

* * * * *

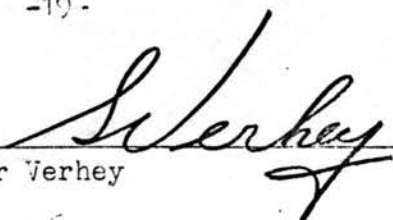
CONCLUSION

The recommendations set forth constitute a coordinated program seeking to provide the solution of the many problems identified. The recommendations are interlocking to such an extent that they should all be adopted if a good result is to be expected. They constitute a program intended for adaption to significant changes taking place today and a program sufficiently flexible and broad in scope to meet future requirements. All recommendations may be implemented under the present legislation establishing the Ramsey County Welfare Board, its duties, and responsibilities.

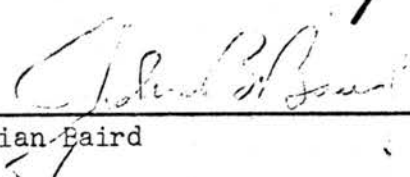
The Saint Paul-Ramsey Hospital Study Committee has been a working committee. It has held over twenty meetings since its initial one in late June. Its attendance has been with few exceptions 100 per cent. All recommendations have been fully discussed, developed, and approved by each member. The four advisors have held separate meetings in addition to attending all committee meetings. One comment of merit is that the committee has spent only \$3,500 of the \$10,000 appropriated. Members of the committee met all their own expenses. Funds were used only to cover the consultant's services, supplies, and stenotype services.

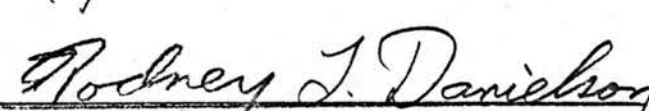
In conclusion the committee expresses its belief that the foundation for the Saint Paul-Ramsey County Hospital is strong and the opportunities and challenges which lie ahead are great. The committee owes a debt of gratitude to all who, down through the years, made possible the successes of the past and set the groundwork for the realization of the promise of the future.


CHAIRMAN

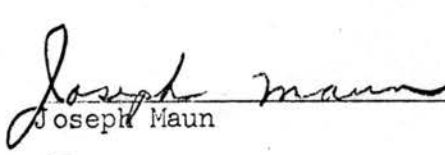

Seymour Verhey

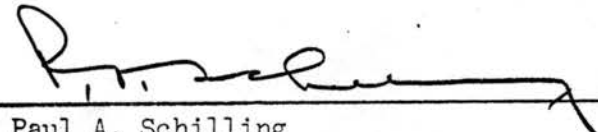
COMMITTEE MEMBERS

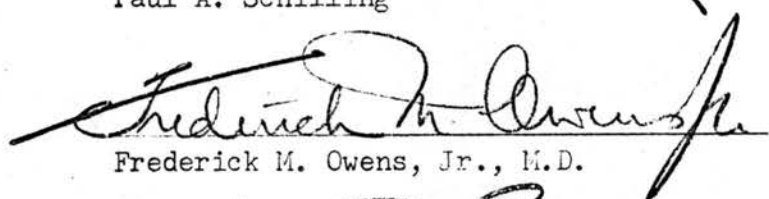

Julian Baird

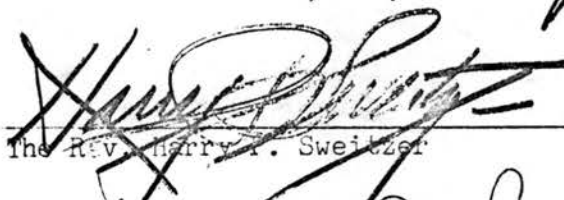

Rodney Danielson


Cecil March

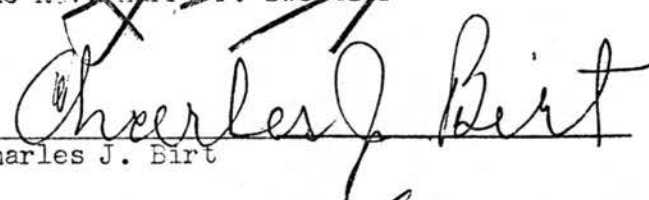

Joseph Maun


Paul A. Schilling

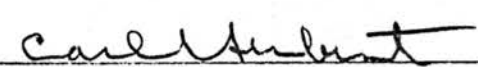

Frederick M. Owens, Jr., M.D.

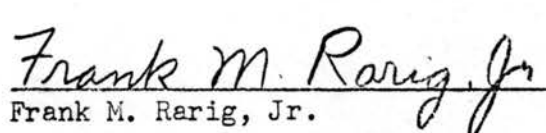

The Rev. Harry A. Sweitzer

ADVISORS TO THE
COMMITTEE


Charles J. Birt


A. A. Heckman


Carl Herbert


Frank M. Rarig, Jr.

The Medical Staff

Section 2

MEDICAL STAFF

2. THE MEDICAL STAFF

Medical care of patients is the responsibility of the medical staff. In accordance with the law and with the rules of the various bodies and commissions regulating medical practice, the staff is organized as a self-governing group ultimately responsible to the Hospital Commissions. The role of the medical staff at St. Paul-Ramsey differs from that at any other hospital in St. Paul, because St. Paul-Ramsey is a teaching hospital, with full time physician teachers who have developed a hospital-based group practice in cooperation with the hospital commission.

The staff is active in three primary areas: patient care, education and research, and community service.

Some people think of a hospital as a place to stay while you receive care for serious medical problems. Many have come to recognize the hospital's emergency room as a place to seek needed medical attention. Those who have access to modern medical centers like St. Paul-Ramsey enter a place where both ordinary and extraordinary problems can be treated by doctors and other health personnel in a fully equipped and staffed emergency room, ambulatory care ("doctor's office") department and a full service hospital. Today the medical staff of St. Paul-Ramsey Hospital has 62 full time physicians, 19 part time physicians and dentists, and 158 voluntary attending physicians. Ten years ago there were only three full time physicians on the Ancker Hospital staff.

Medical education at the hospital is carried out through a close working relationship with the University of Minnesota (see section 3.) Through an affiliation agreement with the University, SPRH staff physicians participate in the training of undergraduate and graduate

trainees as well as para-medical personnel. This teaching program not only helps expand the number of medical professionals in the state but provides a milieu in which the hospital is constantly on the forefront of medical knowledge.

The medical staff is also closely involved in expanding the knowledge of medical practice and treatment through their own research projects. These projects are funded in the majority by the Medical Education and Research Foundation, an organization that includes all physicians practicing at the hospital. (see section 4)

The interrelation between patient care, education and research is very important for a modern medical center. This relationship has allowed Saint Paul-Ramsey Hospital to recruit and retain a highly qualified, versatile and dedicated medical staff--a staff that has developed a high degree of cohesiveness and loyalty to the hospital.

The staff has also become closely involved in helping Saint Paul-Ramsey Hospital fulfill its role as a community hospital. In this field each department has expanded its services into the community at large in order to reach more patients. The departmental summaries, in section 5, enumerate these activities.

Staff Organization

Until recently the medical staff of Saint Paul-Ramsey Hospital was loosely organized under a chief of staff who was elected each year and served in a somewhat honorary capacity. He was often not a full time physician and was thus only remotely related to the ongoing affairs of the hospital.

This system of governance became inadequate in recent years because as the role of the medical staff expanded from a focus only on patient care, to major involvement in education and the day-to-day

management of medical center activities. As the medical-managerial problems have expanded, the staff's relationship with the administrative section of the hospital has become extremely important and it is necessary for the role of physicians as full time partners in the medical center's affairs to become formalized.

Approximately one year ago a new form of organization was proposed by the Commission and accepted by the Medical Staff. This consisted of a president, responsible directly to the Board, a vice-president of medical affairs and a vice-president of administrative affairs, responsible to the president. There is some question if the hospital is ready for this form of organization. While it is an appropriate concept, it may be premature.

In July 1973 when a new Executive Director of the hospital was named, the commission decided that the time was appropriate to name a full time Medical Director. The Medical Director and the Executive Director would cooperate closely, but each would be responsible directly to the Board for action in his respective area. The governing board therefore appointed the current Chief of Staff as the Acting Medical Director until a permanent Director is named. The permanent Medical Director should be a full time medical administrator, with overall medical responsibility. He will work with the medical staff in matters relating to quality health care and medical education. He will work to improve relations with the legislature and the public.

The duties of the present Chief of Staff are outlined on a separate sheet. His role will be replaced by that of the Medical Director who, in addition to these duties, will have greater responsibility in all areas relating to the medical staff and the hospital.

Duties of the Present Chief of Staff

Chairman:

Executive Committee-fourth Wednesday of each month
Joint Conference Committee-once a month or at will
Department Head Subcommittee-first and third Thursday of
each month
Quarterly Staff Meeting-fourth Wednesday of January, April,
July and October.

Member:

Hospital Commission Meetings
Associate Capital Hospitals
Technical Advisory Committee of Metropolitan Planning Board
MERF Administrative Committee, ex officio
MERF Board of Trustee, ex officio
Ex Officio on all Hospital Committees
Council of Teaching Hospitals
Advisory Council to the Vice President for Health Sciences,
Coordinator of Health Science Affiliations.
U of M/SPRH Joint Education Council

Works closely with:

Hospital Administration
Hospital Commission
MERF
University of Minnesota

Maintains Contact with:

Ramsey County Medical Society
Higher Education Coordinating Commission
State Legislature
Foundation for Health Care Evaluation

Various private and governmental financial foundations
regarding funding for whole-hospital projects.

Future Concerns of the Medical Director or Chief of Staff:

- University relationships
- Intern Program
- Accreditation
- Relocation of Children's Hospital
- Gillette Hospital Merger
- Budget
- H.M.O.
- Governance
- Ambulatory Care
- Mental Health Board
- Faculty Organization
- New Building
- 1974 Legislative Session
- Ambulance Service
- Utilization Review and PSRO
- HR-1
- Licensure for House Staff
- Osteopathic Physicians
- Grant Applications

2.
MEMBERS OF THE MEDICAL STAFF - SAINT PAUL-RAMSEY HOSPITAL

FULL TIME STAFF:

*Dale L. Anderson, M.D.-Ambulatory Care-Assistant Professor of Surgery
Ismail Barrada, M.D.-Ob/Gyn-Instructor
*Robert G. B. Bjornson, M.D.- Radiology-Associate Professor
*Lawrence R. Boies, Jr., M.D.-Otolaryngology-Associate Professor
Brian C. Campion, M.D.-Medicine-Assistant Professor
*Alexander S. Cass, M.D.-Urology-Assistant Professor
*Thomas H. Comfort, M.D.-Orthopedics-Assistant Professor
Eunice A. Davis, M.D.-Pediatrics-Instructor
Luis A. deCubas, M.D.-Family Practice-Instructor
Robert A. Derro, M.D.-Family Practice-Assistant Professor
Raj Dutt, M.D.-Ambulatory Care-Clinical Assistant Professor of Family Practice
Laura E. Edwards, M.D.-Ob/Gyn-Assistant Professor
*Robert J. Gumnit, M.D.-Neurology-Professor
*Erick Y. Hakanson, M.D.-Ob/Gyn- Associate Professor
*Erhard Haus, M.D.-Pathology-Associate Professor
W. Allen Hauser, M.D.-Neurology-Assistant Professor
Clarence R. Henke, M.D.-Ambulatory Care-
Ray C. Hippchen, M.D.-Family Practice-Assistant Professor
James E. Hoffman, M.D.-Medicine-Assistant Professor
*Vincent R. Hunt, M.D.- Family Practice-Associate Professor
Gerald W. Ireland, M.D.-Urology-Instructor
Paul B. Johnson, M.D.-Medicine-Assistant Professor
Roger A. Johnson, M.D.-Psychiatry-
F. Donald Kapps, M.D.-Pathology-Assistant Professor
Adrian L. Kapsner, M.D.-Radiology-
*Michael Kosiak, M.D.-Physical Medicine-Clinical Assistant Professor
J. Curtis Kovacs, M.D.-Ambulatory Care-Clinical Instructor of Family Practice
Robert L. Kriel, M.D.-Pediatric/Neurology-Assistant Professor
David J. Lakatua, M.D.-Pathology-Assistant Professor
Thomas D. Maher, M.D.-Ambulatory Care-Clinical Instructor of Family Practice
John W. McBride, M.D.-Medicine-Clinical Instructor
Robert R. McClelland, M.D.-Radiology-Instructor
John A. McLeod, M.D.-Family Practice-Assistant Professor
Burtis J. Mears, M.D.-Psychiatry-Clinical Assistant Professor of Medicine
Albert Mowlem, M.D.-Surgery-Assistant Professor
*Robert O. Mulhausen, M.D.-Medicine-Associate Professor
Po Myaya, M.D.-Anesthesiology-Clinical Instructor
*John F. Perry, Jr., M.D.-Surgery-Professor
Robert D. Pilgrim, M.D.-Radiology-
Zoltan Posalaky, M.D.-Pathology-Assistant Professor
Frank W. Quattlebaum, M.D.-Surgery-Associate Professor
Manuel Ramirez-Lassepas, M.D.-Neurology-Assistant Professor
Jose C. Reyes, M.D.-Anesthesiology-Clinical Instructor
Jose B. Romero, M.D.-Anesthesiology-Clinical Instructor
Kusum Saxena, M.D.-Ambulatory Care-Clinical Instructor of Medicine
John M. Scanlan, M.D.-Psychiatry-Assistant Professor
Michael T. Spilane, M.D.-Medicine-Assistant Professor
Wayne L. Stern, M.D.-Medicine-Instructor (coming 10/1)
Richard G. Strate, M.D.-Surgery-Instructor
Claude R. Swayze, M.D.-Anesthesiology-Clinical Instructor

* Department Heads

Pradub Sukhum, M.D.-Medicine-Instructor
Luigi Taddeini, M.D.-Medicine-Associate Professor
Richard R. Teeter, M.D.-Psychiatry-Assistant Professor
*Vicente B. Tuason, M.D.-Psychiatry-Associate Professor
Robert A. vanTyn, M.D.-Ambulatory Care-Instructor of Surgery
*Homer D. Venters, M.D.-Pediatrics-Professor
Norman L. Virnig, M.D.-Pediatrics-
Thomas E. Weier, M.D.-Psychiatry-Assistant Professor
*G. Thomas Wier, M.D.-Anesthesiology-Clinical Associate Professor
Daryl P. Williamson, M.D.-Radiology-
Bertram F. Woolfrey, M.D.-Pathology-Assistant Professor

PART TIME STAFF:

Madeline S. Adcoc, M.D.-Ambulatory Care-Instructor of Medicine
John E. Bergstedt, M.D.-Ophthalmology-Clinical Instructor
F. Blanton Bessinger, M.D.-Pediatrics-
Willis E. Brown, Jr., M.D.-Neurosurgery-Instructor
Irene Duckett Cass, M.D.-Ambulatory Care-Clinical Instructor
*Donald L. Erickson, M.D.-Neurosurgery-Assistant Professor
David W. Florence, M.D.-Orthopedics-Assistant Professor
Yale C. Kanter, M.D.-Ophthalmology-Clinical Instructor
Daniel W. Gaither, M.D.-Orthopedics-
H. Irving Katz, M.D.-Dermatology-Clinical Assistant Professor
Larry Londer, M.D.-Ophthalmology-Clinical Instructor
Donald G. Marsy, M.D.-Radiology-Assistant Professor
Ramon Milan, M.D.-Child Psychiatry-Clinical Assistant Professor
*Robert Hugh Monahan, M.D.-Ophthalmology-Clinical Professor
Donald H. Peterson, M.D.-Radiology-Clinical Associate Professor
*Kenneth J. Richter, D.D.S.-Dentistry-Assistant Professor
Jon P. Tierney, M.D.-Ophthalmology-Clinical Instructor
Max E. Zarling, M.D.-Neurosurgery-Instructor

ATTENDING STAFF:

*Harold G. Ravits, M.D.-Dermatology-Clinical Professor

CONSTITUTION BYLAWS RULES AND REGULATIONS

MEDICAL STAFF

SAINT PAUL-RAMSEY HOSPITAL

PREAMBLE:

With due consideration for the goals shared by the Saint Paul-Ramsey Hospital and agencies of the City of St. Paul, the County of Ramsey and the State of Minnesota, the Medical Staff of the Saint Paul-Ramsey Hospital adopts this instrument in order that the patient may receive the greatest benefit from the diagnosis and treatment of his illness and that the governmental units may give the maximum service to the overlapping groups of citizens that each represents.

In addition to these shared goals of patient care, education, community service, public health and research, the Medical Staff accepts the responsibility for coordinating and participating in the elements of hospital staff and faculty appointments, the necessary affiliation agreements, the relationship of patients to a teaching program, and the training of medical students, interns and residents and others in allied health fields.

To these goals and these elements of medical science and medical participation the Medical Staff of the Saint Paul-Ramsey Hospital pledges to support and adopt the following Constitution, Bylaws and Rules and Regulations.

It is the intent of the Medical Staff of Saint Paul-Ramsey Hospital to conform to the administrative and professional standards outlined by the Joint Commission on Accreditation of Hospitals. The Constitution, Bylaws, Rules and Regulations provide organization of the Medical Staff and a guide to the Hospital Administration in the achievement of the goals of the Saint Paul-Ramsey Hospital under the ultimate authority of the Ramsey County Hospital and Sanitarium Commission.

Whenever the term "Governing Body" appears it will be interpreted to refer to the Ramsey County Hospital and Sanitarium Commission. For the purpose of these documents the Medical Staff will be interpreted to include all physicians and dentists who are privileged to engage in clinical activities, to teach and to carry on research at Saint Paul-Ramsey Hospital as practitioners of medicine or dentistry.

The term Medical Staff does not include those physicians who may be engaged on a temporary basis nor does it include medical students, interns, residents or fellows. All of these professional workers are subject to the authority and discipline of the Medical Staff but are not members thereof. They may be given Medical Staff Committee assignments as determined by the Chief of Staff.

The Saint Paul-Ramsey Hospital Staff accepts patients of any race, creed or color and exists for the benefit of those who cannot pay the full or even part of the cost of private medical care as well as those who can pay such costs.

ARTICLE I - NAME

The name of this organization is the Medical Staff of the Saint Paul-Ramsey Hospital.

ARTICLE II - PURPOSES

The purpose of this organization will be:

Section 1. To maintain self government.

Section 2. To cooperate with the Governing Body and the Administration in maintaining the highest standards of medical and dental practice in the diagnosis and treatment of patients under the jurisdiction of the Saint Paul-Ramsey Hospital so that the individual patient may receive the best possible care.

Section 3. To provide an optimal environment for medical educational experiences and to maintain high medical educational standards at undergraduate, graduate and post-graduate levels.

Section 4. To provide and maintain an environment that stimulates research in the basic sciences and in the medical sciences.

Section 5. To foster and support educational programs in the education of nursing and other professional and technical personnel.

Section 6. To provide service and public health assistance as provided by law and as directed by the Ramsey County Hospital and Sanitarium Commission.

Section 7. To provide a means whereby problems of a medical administrative nature may be dealt with jointly by the Medical Staff, the Governing Body and the Administration.

ARTICLE III - MEMBERSHIP

Section 1. Qualifications

1.1 A physician or dentist nominated for membership on the Medical Staff of the Saint Paul-Ramsey Hospital will be graduated from a Medical School approved by the Association of Medical Colleges or an approved Dental School, have completed a residency approved by the American Medical Association and be a diplomate of a specialty board or judged by the Executive Committee to show comparable ability.

1.2 Be licensed or have applied to practice medicine or dentistry in the State of Minnesota, be eligible for membership in the Ramsey County Medical Society or the St. Paul District Dental Society.

1.3 The nominee must be worthy in character and in matters of professional ethics and must not practice the division of fees in any guise.

1.4 An individual with unusual qualifications may be recommended for Medical Staff membership upon application of the Chairman of the Service and the Head of the Department at the cognate unit at the affiliated Medical School if approved by a vote of two-thirds of the members present and voting at any meeting of the Medical Staff. (Following this the application is presented to the Executive Director and Superintendent and follows the routine appointment procedure as outlined in Article I of the Bylaws entitled Procedure for Appointment).

1.5 A licensed physician on limited assignment may be given privileges on the Associate Staff of the Medical Staff of Saint Paul-Ramsey Hospital for a period of one year provided that before assignment or reassignment he is approved by the Executive Committee.

Section 2. Ethical Relationships

2.1 The principles of Medical Ethics as adopted or amended by the American Medical Association will govern the professional conduct of the members of the Medical Staff.

Section 3. Terms of Appointment

3.1 Appointment to the Medical Staff will be made by the Governing Body of the Saint Paul-Ramsey Hospital following recommendation of the Credentials Committee and the Executive Committee and voted upon favorably by the Active Medical Staff at a regularly scheduled meeting.

3.2 Appointment will correspond with the business year of the Saint Paul-Ramsey Hospital and will be reviewed yearly by the Executive Committee, the Active Staff and the Governing Body. No appointment will be made for more than one year.

ARTICLE IV - AMENDMENTS

Section 1. Procedure for Amending the Constitution

1.1 The Constitution of the Medical Staff of Saint Paul-Ramsey Hospital may be amended by a two-thirds vote of the members present and voting at any regular or special meeting of the Active Staff in the following manner:

1.2 Prior to any regular or special meeting of the Active Staff in which an amendment is put to vote the proposed amendment or amendments must be submitted in writing to the Medical Staff by mail or by notice given by mail of the place at the Saint Paul-Ramsey Hospital where the Constitution and the proposed amendments may be read.

1.3 A notice of such meeting to consider the Constitution will be mailed to each member of the Active Staff by the Chief of Staff or his designee fourteen (14) days prior to such regular or special meeting.

1.4 The proposed amendment or amendments will be read to the Medical Staff at the preceding meeting of the Medical Staff.

1.5 Such amendment or amendments to the Constitution approved in due form by the Medical Staff will become effective when approved by the Governing Body.

Section 2. Implementation of Amendments

Action to amend the Constitution, Bylaws or Rules and Regulations may be initiated by the Executive Committee or by petition of 15 members of the Active Staff to the Executive Committee. Any petition for amendment signed by 15 members of the Active Staff must be forwarded by the Executive Committee to a meeting of the Active Staff in the manner stated in this Article IV of the Constitution.

ARTICLE V - ESTABLISHMENT OF BYLAWS AND RULES AND REGULATIONS

Section 1. Bylaws

1.1 The Bylaws are attached and are considered to be an integral part of the Constitution.

1.2 Amendments to the Bylaws will be in the same form and follow the same procedures as amendments to the Constitution as provided in Article IV, Section 1.

Section 2. Rules and Regulations

2.1 The Rules and Regulations are attached and considered to be a part of the Constitution and Bylaws.

2.2 The Rules and Regulations may be amended at any regular meeting of the Staff without previous notice or:

2.3 At any special meeting called for the purpose of amending the Rules and Regulations provided that the Chief of Staff will notify the entire Staff by mail of the purpose of the meeting at least fourteen (14) days prior to the meeting.

2.4 A two-thirds vote of the members of the Active Staff present and voting is required to amend the Rules and Regulations.

2.5 The amendment to the Rules and Regulations becomes effective when it is approved by the Governing Body.

Adopted as amended by the Active Staff of Saint Paul-Ramsey Hospital

Dated October 28th 1970

Harold H. Ravitz M.D.
CHIEF OF STAFF

Wanda H. Schneider MD
SECRETARY OF STAFF

Approved by the Executive Director and Superintendent of Saint Paul-Ramsey Hospital

Dated November 16th 1970

Det. W. Seckel
EXECUTIVE DIRECTOR AND SUPERINTENDENT

Approved by the Ramsey County Hospital and Sanitarium Commission

Dated November 30th 1970

Frederic F. Ettel
CHAIRMAN

BYLAWS OF THE MEDICAL STAFF OF SAINT PAUL-RAMSEY HOSPITAL

ARTICLE I - APPOINTMENT TO THE STAFF

Section 1. Procedure for Appointment

- 1.1 Applications for membership on the Medical Staff will be presented in writing on the prescribed form to the Executive Director and Superintendent of the Hospital.
- 1.2 The following information is to be set forth in the application:
 - 1.21 Identification
 - 1.22 Names of each College and Medical or Dental College attended with dates of attendance and dates of graduation.
 - 1.23 Internships, residencies, fellowships or other graduate training, licensure, certification and subsequent experience with dates of each.
 - 1.24 Names of Medical Societies and Organizations of which the applicant is a member.
 - 1.25 Two references (not related to the applicant) from the community and preferably members of the Medical Staff.
 - 1.26 Signature of the applicant agreeing to abide by the Constitution, Bylaws, Rules and Regulations of the Medical Staff.

Section 2. Action to Initiate Application

- 2.1 The Executive Director and Superintendent will notify the Chief of Staff and the appropriate Chairman of Department.
- 2.2 The Chairman of the Department will confer with members of his Department and forward his written recommendation with the application to the Executive Committee.
- 2.3 Upon receiving the application the Executive Committee will
 - 2.31 Reject the application and notify the applicant or
 - 2.32 Forward the application with all accumulated information to the Credentials Committee.

Section 3. Credentials Committee Action

- 3.1 The Credentials Committee will investigate the character and qualifications of the applicant and make appropriate recommendations to the Executive Committee.
- 3.2 Such recommendations may include rejection, deferment or recommendation for appointment, and in the latter case, will include recommendation as to the appropriate class of membership.
- 3.3 The decisions of the Credentials Committee will be made a part of the permanent record.

Section 4. Action of the Executive Committee, Medical Staff, Superintendent and the Governing Body

- 4.1 The Executive Committee will act upon the recommendations of the Credentials Committee and confirm or change the recommendation of the Credentials Committee and recommend that the application be deferred, rejected or accepted and if accepted, indicate the recommended class of membership.
- 4.2 If accepted by the Executive Committee the application will be forwarded to the Active Medical Staff at a quarterly staff meeting where a two-thirds vote of the members of the Active Staff present and voting is required for acceptance.
- 4.3 The Executive Director and Superintendent will forward these recommendations to the next regular meeting of the Governing Body.
- 4.4 If accepted by the Governing Body the name of the member will be placed on the staff list in the appropriate class of membership and department assignment. The new member and the Department Chairman will be notified in writing by the Executive Director and Superintendent.

Section 5. The Governing Body will either accept the recommendation of the Executive Committee or refer it back to the Executive Committee for further consideration, stating the reason for such action.

Section 6. Provisional Appointment

- 6.1 Physicians who are to be engaged on a provisional basis will follow the procedure for appointment as described in Article I of the Bylaws and may be admitted to the Associate or Courtesy Staff.
- 6.2 The status of physicians with provisional appointment will be reviewed individually on an annual basis by the Executive Committee and the provisional nature of the appointment will be made clear to the physician by the Chief of Staff.
- 6.3 Upon recommendation of the Executive Committee, the Chief of Staff, after consultation with the Executive Director and Superintendent, may grant provisional Courtesy privileges to a new applicant for a period of six months or until there has been final action upon his application.

Section 7. All appointments made to the Medical Staff as described in this Article I of these Bylaws are for a period of not exceeding one year and concurrent with the business year of the Saint Paul-Ramsey Hospital.

ARTICLE II - PROCEDURE FOR APPEAL AND GRIEVANCE

Section 1. In any case in which the Governing Body or the Executive Committee act to deny a physician or dentist an appointment or reappointment to the Staff, the Executive Committee will notify the Joint Education Council of the Saint Paul-Ramsey Hospital and the affiliated academic institution and will notify the individual concerned and give him the opportunity to appear before the Executive Committee to appeal the decision.

Section 2. If the Executive Committee sustains the original action, the physician or dentist concerned has the right to appeal further by appearing before the Joint Conference Committee.

Section 3. If the appeal is heard up to and through the Joint Conference Committee and no recommendation is made for appointment or reappointment, the original action by the Executive Committee will be forwarded to the Governing Body for disposition and final action.

Section 4. Appeal at each level will be heard within sixty (60) days of receipt of the appeal by the Executive Committee.

Section 5. Grievances of the Medical Staff will follow the same procedure.

ARTICLE III - PROCEDURE FOR REAPPOINTMENT

Section 1. Action of the Department Chairman

1.1 Annually the Chairman of each Department will submit, in writing, the nominations for reappointment within his department to the Executive Committee before the beginning of the next Hospital year.

1.2 Under no circumstances will nomination by the Department Chairman be used in place of the usual appointment procedure as outlined in Article I of these Bylaws.

Section 2. Forwarding of Reappointments

2.1 The Executive Committee will review the Departmental recommendations and forward its recommendations through the Executive Director and Superintendent to the Governing Body.

Section 3. The Governing Body will consider the reappointments, take action and send to the Executive Director and Superintendent in writing, a list of those physicians and dentists reappointed to the Staff for the coming year.

Section 4. The Executive Director and Superintendent will notify the members of their reappointment and their departmental assignment. A list of appointments to the Medical Staff will be sent to each Chairman of Service and the Chief of Staff.

ARTICLE IV PROCEDURE FOR WITHDRAWAL OR RECLASSIFICATION OF STAFF MEMBERSHIP

Section 1. Causes for Withdrawal of Membership include: acts of omission or commission that adversely affect patient care, professional incompetence, moral turpitude, violation of law prejudicial to the Hospital, neglect of duty, insubordination, unethical conduct or actions that adversely affect the reputation of the Medical Staff, the Hospital or its Administration.

Section 2. The Chief of Staff or the Chairman of a Department (within the confines of his Department) may recommend the withdrawal of staff membership for any of the above causes.

Section 3. Action

3.1 Such recommendations will be submitted in writing to the Executive Committee for action.

3.2 If the Executive Committee recommends withdrawal of staff membership from a member of an academic faculty the matter will be referred to the Joint Education Council with the appropriate academic institution for its consideration.

3.3 The Joint Education Council will notify the Executive Committee of its opinions.

3.4 The Executive Committee, after deliberation, will then send its recommendations to the Governing Body for final action.

3.5 The Governing Body will notify the Chief of Staff (through the Executive Director and Superintendent) who will notify the physician, the Executive Committee and the Joint Education Council of the action.

Section 4. Appeals

Any appeals or grievances concerning Medical Staff membership will be considered as in Article II of these Bylaws.

Section 5. Reclassification of Staff Members for Cause

5.1 Upon the request of a Member of the Medical Staff for reclassification, his request will be handled as in Article I of these Bylaws (Application for Membership) except that the application must state clearly that the Member requests reclassification and will state his reasons justifying the request.

5.2 Reclassification of a member of the Medical Staff as determined by his Department Chairman or by the Executive Committee must be approved by a two-thirds vote of the members present and voting at any regular meeting of the Executive Committee or Special Meeting of the Executive Committee called for this purpose.

5.3 Appeals from this decision of the Executive Committee are to be considered as in Article II of these Bylaws.

5.4 Absence of a Member of the Active Staff from more than 50% of the Departmental meetings and from more than 50% of the regular Medical Staff meetings in one year, or from three consecutive regular or special meetings unless excused by the Executive Committee, will be construed as failure to fulfill the duties of a Member of the Active Staff. Members of the Active Staff must also fulfill reasonable teaching or clinical assignments. Upon a vote of a majority of the Members present and voting at any regular or special meeting of the Executive Committee, the Executive Committee may recommend to the Governing Body that the Member be reclassified to the Associate, Courtesy or Honorary Staff.

5.5 Members of the Associate Staff must also fulfill reasonable teaching or clinical appointments and are expected to attend regular and special meetings. Failure to attend 50% of the Departmental meetings and 50% of the Medical Staff meetings in one year or of three consecutive regular or special meetings will be grounds for recommendation by the Executive Committee that the Governing Body reclassify, dismiss or fail to reappoint the member.

5.6 For alleged causes for withdrawal of membership as described in Article IV, Section I of these Bylaws, the Chief of Staff may suspend hospital privileges of a Staff Member pending the action of a hearing or appeal.

ARTICLE V TEMPORARY PRIVILEGES

Section 1. Under emergency or unusual conditions the Executive Director and Superintendent, after consultation with the Chief of Staff, will have the authority to grant temporary privileges to a physician to serve on the Courtesy Staff for a period of time to be set by the Executive Committee at its next meeting.

1.1 The physician with temporary privileges is under the supervision of the Chief of Staff and Chairman of the Department.

Section 2. Physicians with temporary privileges are subject to the Constitution, Bylaws, Rules and Regulations of the Medical Staff.

ARTICLE VI - RESPONSIBILITIES OF THE MEDICAL STAFF

Section 1. The physician agrees to follow and abide by the Constitution, Bylaws, Rules and Regulations of the Medical Staff.

Section 2. The physician assumes the privilege and responsibility to function professionally to the best of his ability in the fulfillment of the purposes of the Medical Staff.

Section 3. The physician gives support to the Hospital in all possible ways in its development and service programs.

Section 4. The physician agrees to accept assignment and to serve on committees as requested by the Chief of Staff.

Section 5. The physician agrees to attend at least one-half of the regularly scheduled staff meetings and to accept reasonable clinical or teaching assignments.

Section 6. Those physicians admitted to staff membership who engage in any form of teaching must obtain faculty appointment from the appropriate educational institution.

ARTICLE VII - ORGANIZATION OF THE MEDICAL STAFF

Section 1. The Medical Staff will consist of the following groups: Active Staff, Associate Staff, Honorary Staff, Courtesy Staff. The procedure for initial appointment to any part of the Medical Staff must include all of the requirements of Article I of these Bylaws.

Section 2. The Active Staff

2.1 The Active Staff is composed of those physicians and dentists who have been selected to transact all business of the Medical Staff and to whom the patients of the Hospital are assigned. They shall qualify for appointment to the faculty of an affiliated Medical School.

2.11 A Member of the Active Staff maintains responsibility for each patient assigned to him until the patient has been discharged from medical care or until the physician is relieved by another member of the Active Staff.

2.2 Promotion to the Active Staff. To be promoted to the Active Staff, a physician will be a diplomate of a specialty board or judged by the Executive Committee to have adequate competence and ability.

2.3 The membership of the Active Staff will meet quarterly to conduct appropriate business. Only members of the Active Staff may vote and hold an elective office.

2.4 The members of the Active Staff will meet the full academic and professional requirements for appointment and must be active in patient care, education, research or community service.

- 2.5 A member of the Active Staff is expected to perform such duties as may appropriately be assigned to him by the Chief of Staff or by the respective Department Chairman.
- 2.6 Members of the Active Staff are eligible for appointment to standing committees, subcommittees, ad hoc committees of the Hospital by the Chief of Staff and to department committees as determined by the Department Chairman.
- 2.7 Members of the Active Staff may admit patients to the Hospital in accordance with the admitting policies of the Hospital.
- 2.8 The Active Staff will consist of the following categories: Full Time, Part Time and Attending as appointed by the Ramsey County Hospital and Sanitarium Commission.
- 2.81 The Full Time Active Staff consists of salaried physicians and dentists holding faculty appointments at an affiliated School of Medicine accredited by or belonging to the Association of American Medical Colleges. The member is selected in consultation with the head of the cognate department at the affiliated Medical School, the Chairman of the Department at the Saint Paul-Ramsey Hospital, the Executive Committee and the Governing Body.
- 2.82 The Part Time Active Staff are salaried physicians and dentists who do not devote their full time to work at the Saint Paul-Ramsey Hospital. They also hold faculty appointments at an affiliated School of Medicine accredited by or belonging to the Association of Medical Colleges. The Part Time Active Staff are selected in the same manner as the Full Time Active Staff.
- 2.83 The Voluntary Attending Staff is composed of physicians and dentists not salaried by the hospital.
- 2.831 A member of the Voluntary Attending Staff may receive fees or hourly wages from the hospital but is not on a fixed yearly salary.
- 2.832 They also hold faculty appointments at an affiliated School of Medicine accredited by or belonging to the Association of Medical Colleges.

Section 3. The Honorary Staff

- 3.1 The Honorary Staff consists of physicians and dentists who are no longer active in the hospital and who have retired from active hospital service or those whom the Medical Staff wishes to honor.
- 3.2 The Honorary Staff will be appointed by the Executive Committee.
- 3.3 The Members of the Honorary Staff are not eligible to vote or hold office, do not admit patients to the hospital and have no assigned duties.

Section 4. The Associate Staff

- 4.1 The Associate Staff is composed of full time, part time or voluntary attending physicians and dentists as defined in Bylaw VII, Section (2.8) but are not Members of the Active Staff.
- 4.2 A Member of the Associate Staff will be assigned to a Department by the Chief of Staff and supervised by the Chairman of the Department to which the Member is assigned.

4.3 He may serve on all committees except the Executive Committee and the Credentials Committee.

4.4 A Member of the Associate Staff may not vote or hold office.

4.5 If a Member of the Associate Staff is engaged in teaching at any level he must hold an appointment on the faculty of the appropriate affiliated institution.

Section 5. Courtesy Staff

5.1 The Courtesy Staff consists of physicians and dentists who meet the qualifications for Active Staff membership but by request or assignment are placed within this group.

5.2 Procedure for appointment is as outlined in Article I of these Bylaws.

5.3 Members of the Courtesy Staff may be assigned patients by the Department Chairman.

5.4 If a member of the Courtesy Staff is engaged in teaching at any level, he must hold an appointment on the faculty of the appropriate affiliated institution.

5.5 A Member of the Courtesy Staff is responsible to the Chief of Staff.

5.6 He may attend meetings of the Staff except those that are in Executive session but a Member of the Courtesy Staff may not vote or hold office.

5.7 He may serve on special committees at the discretion of the Chief of Staff as outlined in Article X, Section 3.

ARTICLE VIII - DEPARTMENTS OF THE MEDICAL STAFF

Section 1. General

1.1 To promote the care and treatment of patients, to promote the medical education of students, interns and residents, and to serve the needs of the Saint Paul-Ramsey Hospital and the community, the Staff, with Governing Body approval, may create such Departments as they may deem advisable.

1.2 Organized Departments of the Medical Staff of Saint Paul-Ramsey Hospital will include the following:

1.201 Department of Anesthesiology

1.202 Department of Anatomical and Clinical Pathology

1.203 Department of Dentistry

1.204 Department of Dermatology

1.205 Department of Family Practice

1.206 Department of Medicine

1.207 Department of Neurology

1.208 Dept. of Neurosurgery

1.208 Department of Obstetrics and Gynecology

- 1.210 Department of Ophthalmology
- 1.211 Department of Orthopedics
- 1.212 Department of Otolaryngology
- 1.213 Department of Pediatrics
- 1.214 Department of Physical Medicine and Rehabilitation
- 1.215 Department of Psychiatry and Community Mental Health
- 1.216 Department of Radiology
- 1.217 Department of Surgery
- 1.218 Department of Tuberculosis
- 1.219 Department of Urology

1.220 *Dept. of Ambulatory Care*

1.3 There will be a Chairman of each Department. Each Member of the Medical Staff will have a primary assignment in one of the organized Departments of the Medical Staff of Saint Paul-Ramsey Hospital. In situations of overlapping responsibility a Member may have secondary assignments.

Section 2. Department Organization, Responsibility and Accountability

2.1 The Chief of Staff will be responsible for the functioning of the clinical organization of the Hospital and will cause to be kept a careful supervision over the professional work in all departments, divisions and services.

2.2 Selection of Department Chairman

2.21 A Chairman of Department will be selected from individuals nominated by a search committee appointed by the Chief of Staff in consultation with the cognate department head at the affiliated medical school. The cognate department head then nominates one or more individuals from the list selected by the search committee for election by the Executive Committee of the Medical Staff of Saint Paul-Ramsey Hospital.

2.22 Where there is no cognate department or no cognate department head at the affiliated medical school, election of the Chairman of Department is the responsibility of the Executive Committee of the Medical Staff of the Saint Paul-Ramsey Hospital.

2.23 The appointment of a Chairman of any Department is subject to the approval of the Governing Bodies of the institutions concerned.

2.3 Responsibility of Department Chairman

2.31 The Chairman of the Department will be entirely responsible for the care and treatment of the patients in his Department and will be responsible to the Chief of Staff.

2.32 The Chairman of each Department will exercise general supervision over the work in the hospital of the Members of the Medical Staff assigned to his Department.

2.33 The Chairman of each Department will be responsible for the conduct of all programs of patient service, education, research, preventive medicine and community service in each Department.

2.4 Assistant Department Chairman

2.41 Each Department Chairman may appoint as many Assistant Chairmen of Department as he deems necessary to fulfill the needs of his Department. These appointments are subject to review by the Executive Committee.

2.42 Each Assistant Department Chairman will have the authority and responsibility delegated to him by the Department Chairman and act in all matters in the absence of the Department Chairman.

2.43 Each Assistant Department Chairman will be appointed for the year concurrent with the fiscal year of the Saint Paul-Ramsey Hospital.

2.5 The Staff Members of the Department will be responsible to the Department Chairman and through him to the Chief of Staff except that the general responsibilities of the Member to the total Medical Staff will be directly to the Chief of Staff.

2.6 Department Meetings

2.61 Each Department of the Medical Staff will schedule monthly departmental conferences, clinical pathological conferences or other meetings as may be required to maintain an adequate review of the medical work and medical records of the Department.

2.62 The Department Chairman will file a copy of the Minutes and Attendance Record for each meeting with the Hospital Executive Director and Superintendent.

ARTICLE IX - OFFICERS

Section 1. Elections

1.1 At the annual meeting there will be elected, by and from the membership of the Active Staff, a Chief of Staff, a Vice Chief of Staff and a Secretary.

1.2 A slate of candidates selected by a nominating committee, appointed by the Chief of Staff with the approval of the Executive Committee, is to be mailed to the General Staff Membership thirty (30) days prior to the annual meeting.

1.3 A written petition for an opposition slate signed by no less than fifteen (15) members of the Active Medical Staff of Saint Paul-Ramsey Hospital may be circulated to the membership no less than five (5) days before the election at the annual meeting.

1.4 No Member's name will be placed in nomination unless he is informed and agrees to run for office.

1.5 Balloting

1.51 In the event that more than one slate is nominated the vote will be by written ballot.

1.52 If, as a consequence of the first ballot, a majority of those present and voting is not reached, the candidate receiving the lowest count will be dropped. The balloting will be repeated until one candidate receives a majority of those present and voting.

1.6 Those elected will hold office from January 1 to December 31 following the annual meeting or until their successors have been elected and assumed the duties of their offices.

1.7 Any vacancies that occur during a term will be filled by election at the next possible regular Staff meeting following the form of Article IX, Section 1, of these Bylaws. Anyone so elected will serve until the succeeding December 31.

Section 2. Duties of Officers

2.1 Duties of the Chief of Staff

2.11 The Chief of Staff is the Chief Medical Officer of the Hospital.

2.12 The Chief of Staff will call and preside at all meetings of the Executive Committee and the Medical Staff and be a member ex officio of all committees.

2.13 The Chief of Staff is responsible for the comprehensive quality of medical programs of education, research, patient care and community service.

2.2 Duties of the Vice Chief of Staff

2.21 The Vice Chief of Staff, in the absence of the Chief, will assume all his duties and have all his authority.

2.22 He will also be expected to perform such duties of supervision as may be assigned to him by the Chief of Staff.

2.3 Duties of the Secretary

2.31 The Secretary will keep accurate and complete minutes of all meetings.

2.32 He will call meetings on the orders of the Chief of Staff.

2.33 He will attend to all correspondence.

2.34 He will perform such other duties as ordinarily pertain to his office.

2.35 The Secretary will perform other duties as assigned by the Chief of Staff or by the Executive Committee.

ARTICLE X - COMMITTEES

Section 1. Committees General

1.1 Committees of the Medical Staff will be Standing, Special, Ad Hoc and Subcommittees.

1.2 Except the for Executive Committee, the Joint Conference Committee and the Joint Education Council, all committees and their Chairmen will be appointed by the Chief of Staff.

1.3 The Chief of Staff and Executive Director and Superintendent (or a designee named by each) are ex officio members of all committees.

Section 2. Standing Committees

2.1 Executive Committee

2.11 The Executive Committee will consist of

2.111 The Chief of Staff, Vice Chief of Staff and the immediate past Chief of Staff

2.112 The Executive Director and Superintendent, ex officio

2.113 The Secretary of the Medical Staff

2.114 The Chairman of each Medical Department

2.115 One Member of the Part Time or Voluntary Attending Staff of each Department elected annually by the Active Staff Members of each Department at the October departmental meeting

2.116 Members selected at large from the Active Staff by the Chief of Staff (not to exceed six members at large).

2.117 Three members of the Full Time Staff who are not Chairmen or Assistant Chairmen of their respective Departments elected annually by the Active Full Time Staff Members of the Hospital.

2.12 The functions of the Executive Committee

2.121 The Executive Committee will meet monthly at a time and place agreed upon by its members to consider and implement the business of the Medical Staff.

2.122 It will maintain a record of its proceedings.

2.123 It will consider and make recommendations on matters referred to or received from the Executive Director and Superintendent, the Governing Body and affiliated academic institutions.

2.124 It will act as the Committee on Rules and Regulations, study needs and proposals for additions, deletions or changes and report its recommendations to the Governing Body for consideration by that body.

2.125 It will make studies and perform other functions as requested by the Governing Body.

2.126 It will serve as liaison between the Medical Staff and the Executive Director and Superintendent.

2.127 It will receive, accept or deny reports of the Committees of the Medical Staff.

2.128 The Executive Committee will recommend to the Governing Body and supervise for the Governing Body the policies of the Medical Staff.

2.129 It will act upon applications for membership to the Medical Staff as provided in Article I of these Bylaws.

2.130 A quorum of the Executive Committee will be twenty percent (20%) of its voting members.

2.2 Credentials Committee

2.21 The Credentials Committee will consist of three members of the Active Staff selected by the Chief of Staff and approved by the Executive Committee. It will consist of one member each from the Full Time, the Part Time and the Voluntary Attending Staff.

2.22 The duties of the Credentials Committee are to study and to verify the qualifications of all applicants for membership and submit recommendations to the Executive Committee.

2.23 The Credentials Committee will investigate any breach of ethics as requested by the Executive Committee and review records referred to it by the Executive Committee or by the Medical Records and Audit Committee and Tissue Committee or from such other sources as are approved by the Executive Committee.

2.24 The Credentials Committee will review and report to the Executive Committee on information concerning the performance and competence of Staff members if requested by:

2.241 The Chief of Staff

2.242 The Executive Committee by resolution

2.243 The Medical Records and Audit Committee by resolution through the Executive Committee

2.244 The Tissue Committee by resolution through the Executive Committee

2.245 Any fifteen (15) Members of the Active Staff by written signed resolution submitted through the Executive Committee.

2.25 The Credentials Committee will advise the Executive Committee in matters of granting staff privileges, confirming appointments and assignment of members to Departments.

2.3 Joint Conference Committee

2.31 The Joint Conference Committee will consist of the Chief of Staff, Vice Chief of Staff, Secretary, two Full Time and two Part Time or Voluntary Attending Members of the Active Staff elected by the Executive Committee. This election will be a written ballot following nominations by the Chief of Staff and by members of the Executive Committee and will be held at the January meeting each year.

2.32 It will function as a liaison committee with the Governing Body or its committees and with the Hospital Administration jointly or separately.

2.33 Meetings of the Joint Conference Committee may be called by the Governing Body, by the Executive Director and Superintendent, by the Chief of Staff, by

the Executive Committee (by resolution) or by the written petition of any fifteen (15) members of the Active Staff through the Executive Committee. The Joint Conference Committee will meet at least once each calendar month.

2.4 The Medical Records and Audit Committee

2.41 The Medical Records and Audit Committee will consist of one member of the Active Staff from each of the organized Departments and from the Administration.

2.42 It will serve as advisor to the Executive Committee and through it to the Administration in the management of the Administrative Department of Medical Records.

2.43 It will meet at least monthly and submit in writing a report to the Executive Committee that will be maintained as a permanent record.

2.5 Tissue Committee

2.51 The Tissue Committee will consist of a member of the Department of Pathology who will serve as Chairman, members of the Departments of Surgery, Neurosurgery, Orthopedics, Urology, Otolaryngology, Obstetrics and Gynecology, appointed by the Chief of Staff and members from other Departments as appointed by the Chief of Staff.

2.52 The Tissue Committee will meet monthly and consider:

2.521 The reports of the Department of Pathology on tissues and follow up of incomplete or inadequate biopsy material

2.522 A comparison with preoperative, postoperative and pathologic diagnoses including a scrutiny of operative reports where necessary

2.523 Other matters concerning tissues and diagnoses

2.524 Utilization of and untoward reactions to blood and blood products.

2.53 It will report in writing to the Executive Committee monthly in a continuing permanent record.

2.54 The Tissue Committee will act as advisor to the Credentials Committee at the request of the Executive Committee or the Chief of Staff on matters pertaining to tissues.

2.6 Abortion Committee

The Abortion Committee will consist of five (5) members appointed by the Chief of Staff at least one of whom will be an obstetrician certified by the American Board of Obstetrics and Gynecology and one a psychiatrist certified by the American Board of Psychiatry and Neurology.

No therapeutic abortion (as contrasted with either the emergency or continuing care of a criminal abortion performed elsewhere, or spontaneous abortion) will be performed without the written consent of this committee. The physician requesting permission to perform a therapeutic abortion must present a written request to and provide substantiating documentation indicating the medical necessity for the abortion. This request will be presented in writing to the Abortion Committee.

The Abortion Committee will report to the requesting physician in writing within five (5) days and grant consent only if three or more members of the Committee agree that the abortion is medically necessary. A copy of the consent will be filed on the patient's chart.

A physician member of the Abortion Committee requesting action by the Committee will disqualify himself from voting on the issue and the Chief of Staff will appoint an alternate physician member to vote on the case at issue.

2.7 Intern and Resident Committee

2.71 The Intern and Resident Committee will consist of members of the Active Staff appointed by the Chief of Staff. Departments offering straight specialty type internships shall have representation on the Committee.

2.72 Duties of the Intern and Resident Committee

2.721 The Intern and Resident Committee is an advisory committee to the Chief of Staff and to the Executive Committee in matters affecting residents and interns.

2.722 It is the responsible committee for organization, supervision and evaluation of the Intern Education Programs.

2.723 It functions in the recruitment of Interns and Resident Staff as requested by the Chief of Staff or by the Executive Committee.

2.724 The Intern and Resident Committee advises and assists the Executive Committee and the Administration on matters of government and of discipline of the interns and resident staff.

2.8 Department Head Subcommittee

2.81 The Department Head Subcommittee is a regularly organized advisory Subcommittee of the Executive Committee composed of the Chairmen of each of the organized medical departments (or their designees). It is chaired by the Chief of Staff or his designee.

2.82 It meets approximately weekly or upon call of the Chief of Staff or by resolution upon call of the Executive Committee to do such routine work as is delegated by the Executive Committee.

2.83 It hears committee reports, assesses problems, investigates and takes any action specifically delegated to it by resolution from the Executive Committee.

2.84 A Committee of the Active Staff that has been requested to report to the Department Head Subcommittee may, by resolution of a majority of the members of the requesting committee, report instead directly to the Executive Committee.

2.9 Other Standing Committees

2.91 Research Committee

2.92 Utilization Review Committee

2.93 Joint Education Council

2.931 Two Full Time Staff Members and one Voluntary Attending Staff Member of the Joint Education Council shall be selected by the Executive Committee. This selection will be by written ballot following nominations by the Chief of Staff and by members of the Executive Committee and will be held at the January meeting each year.

Section 3. Special Committees

3.1 Special committees are appointed from any portion of the Active or Associate Staff by the Chief of Staff to meet as necessary to consider specific areas of Medical Staff work.

3.2 There may be Special Committees as determined to be necessary by the Executive Committee for the operation of the Hospital or its Medical Staff.

3.3 The Special Committees function at the level of routine work or on special assignment made by the Chief of Staff or by the Executive Committee and act as advisory committees within their areas in assisting the Executive Committee to recommend policy changes.

3.4 Special Committees are advisory and do not have power of implementation.

3.5 The Special Committees will be alert to contemporary action, compliance (or lack of compliance) with the rules, changes in the special fields of action, alterations in local, state or national policy that affect the Saint Paul-Ramsey Hospital or its Medical Staff or its patients.

3.6 Special Committees meet at the call of the Committee Chairman and report to the Executive Committee or to the Department Head Subcommittee upon direction of the Chief of Staff.

Section 4. Ad Hoc Committees

4.1 From time to time the Chief of Staff may appoint ad hoc committees to consider problems of the Medical Staff.

4.2 The Chairman of an ad hoc committee will be from the Active Medical Staff and membership will be appointed principally from the Medical Staff but may in special circumstances contain some members from outside the Active Staff or from outside the Medical Staff.

4.3 The ad hoc committee will consider the problem, report to the Executive Committee and be discharged by the Executive Committee when the work of the ad hoc committee is completed.

4.4 If the work of the ad hoc committee is not completed by the end of the fiscal year of the Medical Staff, the ad hoc committee will be discharged but the Chairman will report to the new Chief of Staff who may

4.41 Discharge the ad hoc committee

4.42 Continue with the same ad hoc committee

4.43 Change some or all of the membership including the Chairman

ARTICLE XI - MEETINGS OF THE MEDICAL STAFF

Meetings of the Medical Staff will be regular, annual, special and departmental.

Section 1. Regular Meetings

1.1 The Medical Staff of Saint Paul-Ramsey Hospital will hold regular meetings once each quarter, usually the fourth Wednesday in January, April, July and October or at any other date of approximately these times as determined by the Executive Committee.

1.2 At the request of the Chief of Staff, a Department Chairman or on written request of any ten (10) members of the Active Staff, the Active Staff or its committees may meet in executive session and exclude all persons except members of the Active Staff and those requested to attend by vote of the Active Staff or by the Executive Committee. This subsection may apply to any regular, special or annual meeting of the Medical Staff or its committees.

Section 2. The Annual Meeting of the Medical Staff

2.1 The October meeting will be the annual meeting of the Medical Staff at which time officers will be elected.

2.2 At the January meeting the retiring officers and committees will make such reports as are requested by the Chief of Staff, the Executive Committee, the committees, or on written application to the Executive Committee of ten (10) Active Members who request to give a report to the membership.

Section 3. Special Meetings

3.1 Special meetings are called by the Chief of Staff on his own volition or at the request of the Executive Committee, the Executive Director and Superintendent on written petition to the Executive Committee, or on written petition to the Executive Committee signed by any ten (10) members of the Active Staff.

3.2 Notice of a Special Meeting will be in conformance with the Bylaws (Article XI, Section 6).

3.3 Only the business for which the meeting was called may be considered at the Special Meeting.

Section 4. Department Meetings

4.1 In January of each year each Department Chairman will organize his department and notify the Staff of the Department meetings and program.

4.2 The Department Chairman will conduct monthly meetings with a minimum of nine (9) Department meetings per calendar year.

4.3 The business of the Department meeting must include consideration of the service to patients and complications.

4.4 Department meetings are at the call of the Department Chairman and may be held at a reasonable place and time of his choosing.

4.5 Minutes and attendance records are kept and a permanent record is kept in the office of the Executive Director and Superintendent.

Section 5. Order of Meetings

5.1 All meetings will be conducted in conformance with Robert's Rules of Order, 75th Edition or the most recent edition insofar as there is no conflict with this Constitution, Bylaws and Rules and Regulations.

5.2 Meetings of the Medical Staff - Place and Time

5.21 All meetings of the Medical Staff will ordinarily be held in the Saint Paul-Ramsey Hospital but with the approval of the Executive Committee a meeting may be called elsewhere.

5.22 Committee meetings may be called at any reasonable time and at any reasonable place as determined by the Chairman of the committee.

5.3 Attendance

5.31 To maintain Medical Staff activity a member of the Active or Associate Staff must maintain an attendance rate of 50% of the meetings of the Staff and 50% of the meetings of his principal Department during the calendar year.

5.32 The Executive Committee, upon timely written request of the physician, may excuse a member of the Staff from attendance at a quarterly meeting for bona fide reasons as, for example, illness, absence from the city, business of the Medical Staff or of a professional nature that justifiably takes precedence over the Staff meeting.

5.33 The Department Chairman following the guide lines of the preceding paragraph (5.32) may excuse absences from monthly Department meetings.

5.4 The Agenda for Special Meetings will be

5.41 Reading of the notice of calling of the special meeting

5.42 Transaction of the business for which the meeting was called

5.43 Adjournment

Section 6. Notice of Meetings

6.1 Reasonable notice of all meetings of the Staff and its committees with due consideration for the work programs of the membership is mandatory.

6.2 Notice of all regular meetings or special meetings of the Staff and its committees will be posted in the Hospital and notices mailed to the members at least four (4) days before the meeting with a statement of the name of the committee, the type of meeting (regular or special) and the purpose of the meeting.

6.3 In cases of extreme emergency, the Chief of Staff, in consultation with the Executive Committee, may call a special meeting without the four day notice.

6.31 In no case may absence from a special emergency meeting on less than four (4) days notice be used to recommend withdrawal or reclassification of membership in Article IV of these Bylaws.

6.4 Small committees need only be given constructive notice. The work of a committee conducted without sufficient notice may be voided by the Executive Committee.

Section 7. Quorum

Twenty percent (20%) of the Active Staff or thirty (30) members (whichever is smaller) will constitute a quorum at a regular, special or annual meeting of the Medical Staff.

ARTICLE XII - RULES AND REGULATIONS

Section 1. The Staff will adopt such Rules and Regulations as may be necessary for the proper conduct of its work.

Section 2. Such Rules and Regulations are considered to be a part of these Bylaws except that they may be amended as approved in the Constitution (Article V, Section 2).

Section 3. Rules and Regulations pertaining to a specific organized Department of the Medical Staff and established by that Department may be established or changed by the Chairman of that Department subject to review and approval of the Executive Committee and of the Governing Body.

Adopted as amended by the Active Staff of Saint Paul-Ramsey Hospital

Dated October 28th 1970

Harold G. Ravitz M.D.
CHIEF OF STAFF

Wayne H. Schindler MD
SECRETARY OF STAFF

Approved by the Executive Director and Superintendent of Saint Paul-Ramsey Hospital

Dated November 16th 1970

Arthur J. Jansen
EXECUTIVE DIRECTOR AND SUPERINTENDENT

Approved by the Ramsey County Hospital and Sanitarium Commission

Dated November 30th 1970

Frederick F. Ettel
CHAIRMAN

RULES AND REGULATIONS

1. Admission Policy

1.1 The admission policy of the public hospital will be set by the Ramsey County Hospital and Sanitarium Commission in accordance with the existing laws and legal agreements.

1.2 The Executive Director and Superintendent will consult with the Chief of Staff regarding the medical aspects of a specific patient but the Executive Director and Superintendent has the authority to admit or deny admission of a patient to the Saint Paul-Ramsey Hospital.

2. Assignment of Patients to Departments and Services

2.1 The assignment of patients to Departments and Services is the prerogative of the Medical Staff with final authority resting with the Chief of Staff.

2.2 The attending physician or the Chief of Staff may initiate transfer of a patient within the institution or recommend transfer of a patient outside of the institution to the Executive Director and Superintendent if it is deemed advisable. Transfer is deemed complete when responsibility is accepted by the receiving physician

3. Final Authority and Responsibility for the care of patients rests with the member of the Medical Staff to whom the patient is assigned unless so relieved by the Chief of Staff.

4. Orders by Physicians

4.1 Orders by physicians will be written plainly and legibly in the manner approved by the Executive Committee upon recommendation of the Medical Records and Audit Committee.

4.11 An order may be considered written if it is dictated to a physician, nurse, technician, transcriber or other person authorized by the Executive Committee if the order is subsequently signed by the attending physician, resident or intern.

4.12 Telephone orders will be signed by the person to whom dictated with the letters T/O, the name of the physician and the symbol per and the name of the person to whom dictated.

4.121 At his next visit or within 24 hours the physician, resident or intern will sign the telephoned order.

4.2 Generally accepted symbols and abbreviations may be used in orders.

5. No surgical operations will be performed without the written consent of the patient or his legally qualified representative if the patient is a minor, incompetent or otherwise unable to act for himself.

5.1 An exception may be made to this Rule and Regulation in case of emergency where life or future well-being of the patient might be jeopardized by delaying surgical intervention.

6. Proprietary medicines will be avoided if possible.

7. Records

7.1 The attending physician to whom a case is assigned is responsible for the completion of the medical record.

7.2 In the interests of medical education and with the approval of the Department Chairman, the attending physician may delegate portions of the work to those supervised by the attending physician.

7.3 The Medical Records and Audit Committee will determine when a record is complete for filing of the case.

7.4 All records of all kinds are the property of the Saint Paul-Ramsey Hospital and may not be removed from the premises without permission of the Executive Director and Superintendent.

8. An admitting note will be written at once and a history and physical completed within 24 hours of admission.

9. Except in an emergency, no surgery will be performed on a patient without history, physical examination and indicated laboratory tests.

9.1 The attending surgeon must certify in writing the existence of such emergency.

10. All operations will be described and signed by the attending surgeon or his assistant by immediate dictated or written operative report.

11. All tissues removed at operation will be sent to the Department of Pathology where the pathologist will make such examination as he considers necessary to arrive at a pathologic diagnosis. His report will be filed as a part of the permanent record of the patient.

12. Consultation

12.1 The attending physician or his designee is responsible for calling necessary consultation.

12.2 Consultants called must be competent in the area of the consultation requested.

12.3 A satisfactory consultation includes examination of the patient and the record followed by a signed written report that becomes a part of the permanent record.

12.4 If surgery is anticipated the request should include this information so that (except in cases of emergency) the consultant may see the patient prior to surgery.

13. Standing orders will be formulated, changed or discontinued by conference between the Staff and the Department Chairman. These orders will be in writing and will be followed insofar as proper treatment of the patient will allow and when specific orders are not written by the attending physician the routine orders will constitute the orders for treatment.

14. A PRN order will be automatically cancelled at the end of seven days.

15. Staff Members will assist the Utilization Review Committee and cooperate with the Hospital authorities in reducing the hospital stay of patients by instituting treatment promptly after admission and by discharging patients as rapidly as conditions permit.

16. All interns and certain residents are under contract to the Hospital and are permitted to perform outside work only upon approval of the Executive Director and Superintendent and the Chief of Staff who will follow the recommendations of the Executive Committee.

17. Every Member of the Staff will be actively interested in obtaining autopsies whenever possible and appropriate. No autopsy will be performed without the written authorization of the surviving spouse or the legally authorized next of kin charged with the duty of burial. All autopsies will be performed by the Hospital pathologist or by a physician to whom he may delegate the duty.

18. The official time in the Hospital will be on a 24-hour clock starting at 00:00 hours at midnight and continuing to 23:59 to correspond with 11:59 p.m.

19. The metric system will be used throughout the Hospital wherever possible.

20. All patients admitted by members of the Staff to the Saint Paul-Ramsey Hospital shall be available for participation in the teaching program, unless objecting, and except where, in the opinion of the responsible physician, such incorporation would jeopardize the welfare of the patient.

21. A patient admitted for care by the Department of Dentistry (BL VIII, Section I) shall be admitted to one of the organized Departments other than Dentistry but shall be designated a dental admission. Physicians of that Department will examine the patient prior to surgery and will be responsible for his overall medical care during his hospital confinement.

Adopted as amended by the Active Staff of Saint Paul-Ramsey Hospital

Dated October 28th 1970

Harold J. Kavits M.D.
CHIEF OF STAFF

Norman H. Schindler MD
SECRETARY OF STAFF

Approved by the Executive Director and Superintendent of Saint Paul-Ramsey Hospital

Dated November 16th 1970

Allen. P. P. P.
EXECUTIVE DIRECTOR AND SUPERINTENDENT

Approved by the Ramsey County Hospital and Sanitarium Commission

Dated November 30th 1970

Michael F. Ettel
CHAIRMAN

SAINT PAUL-RAMSEY HOSPITAL
COMMITTEES OF THE MEDICAL STAFF - 1973

EXECUTIVE COMMITTEE

Chief of Staff;
Vice Chief of Staff;
Secretary of the Staff:

Frank W. Quattlebaum, M.D.
G. Thomas Wier, M.D.
Vicente B. Tuason, M.D.

Members:

Madeline S. Adcock, M.D.
Dale L. Anderson, M.D.
David W. Anderson, M.D.
Walter L. Bailey, M.D.
Robert G. Bjornson, M.D.
Lawrence R. Boies, Jr., M.D.
Brian C. Campion, M.D.
Alexander S. Cass, M.B.B.S.
Thomas H. Comfort, M.D.
Coleman J. Connolly, M.D.
Donald L. Erickson, M.D.
Robert Mulhausen, M.D.
Robert W. Geist, M.D.
John M. Scanlan, M.D.
Robert J. Gummit, M.D.
Erick J. Hakanson, M.D.
Ernest M. Hammes, Jr., M.D.
Erhard Haus, M.D.
Wilbert J. Henke, M.D.
Mark I. Hewitt, M.D.
Vincent R. Hunt, M.D.
F. Donald Kapps, M.D.
Michael Kosizk, M.D.
James W. LaFave, M.D.
Lloyd L. Leider, M.D.
J. Anthony Malerich, Jr., M.D.
Ramon Milan, M.D.
Robert Hugh Monahan, M.D.
John F. Perry, Jr. M.D.
Robert D. Pilgrim, M.D.
Harold G. Ravits, M.D.
John W. Reynolds, M.D.
Kenneth J. Richter, D.D.S.
Claude R. Swayze, M.D.
Elliott V. Troup, M.D.
Homer D. Venters, M.D.
P. Theodore Watson, M.D.
Mr. LaVand Syverson, ex officio
Miss Minna Moehring, R.N. ex officio

JOINT CONFERENCE COMMITTEE

Co-Chairmen:

Frank W. Quattlebaum, M.D.
Mr. LaVand Syverson
Mr. Michael Ettel

Members:

Donald L. Erickson, M.D.
Robert Mulhausen, M.D.
Robert J. Gumnit, M.D.
Michael Kosizk, M.D.
Vicente B. Tuason, M.D.
G. Thomas Wier, M.D.
Roland Wilsey
Patricia Durkin
Harry Moberg
Edward Salverda

JOINT EDUCATION COUNCIL

Chairman:

Joseph A. Resch, M.D.

Members:

Erhard Huas, M.D.
John F. Perry, Jr., M.D.
Harold G. Ravits, M.D.
Richard V. Ebert, M.D.
John J. Sciarra, M.D.
Frank W. Quattlebaum, M.D. ex officio
Mr. LaVand Syverson
Mr. William Wilson
Mr. Richard Moore

ABORTION COMMITTEE

Chairman:

Richard R. Teeter, M.D.

Members:

Eunice A. Davis, M.D.
Ernest Goodman, M.D.
Richard G. Strate, M.D.
Mrs. Donna Gratiot, R.N.
Mrs. Sophie Rueben, So. Wkr.

BED ALLOCATION COMMITTEE

Chairman:

Claude R. Swayze, M.D.

Members:

Alexander S. Cass, M.B.B.S
Erick Y. Hakanson, M.D.
John F. Perry, Jr., M.D.
Vicente B. Tuason, M.D.
Minna Moehring, R.N.
Mr. David W. Gitch

CARDIAC COMMITTEE

Chairman:

Brian C. Campion, M.D.

Members:

Albert Mowlem, M.D.
John F. Perry, Jr., M.D.
Pradub Sukham, M.D.
Paul D. Redleaf, M.D.
Mrs. Pat Mullin, R.N.
Miss Jacquelyn Huebsch

COMMUNITY SERVICE COMMITTEE

Co-Chairmen:

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John F. Perry, Jr., M.D.

Members:

Brian C. Campion, M.D.
Laura E. Edwards, M.D.
Thomas D. Maher, M.D.
John Plunkett, M.D.
Robert W. Reif, M.D.
John M. Scanlan, M.D.
Laura Lundell, R.N.
Mr. LaVand Syverson

CREDENTIAL COMMITTEE

Chairman:

Robert Hugh Monahan, M.D.

Members:

Robert E. Lindell, M.D.
John F. Perry, Jr., M.D.
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DISASTER COMMITTEE

Chairman:

Mr. Norman G. Allan

Members:

Robert Hugh Monahan, M.D.
Robert A. Van Tyn, M.D.
G. Thomas Wier, M.D.
Mrs. Dorothy Lindgren
Miss Ellen McGarty
Miss Minna Moehring, R.N.
Mr. John Sweeney

EDUCATION SERVICES COMMITTEE

Chairman:

John F. Perry, Jr., M.D.

Members:

Robert G.B. Bjornson, M.D.
Ray C. Hippchen, M.D.
Paul B. Johnson, M.D.
Manuel Ramirez-Lassepas, M.D.
Bertram F. Woolfrey, M.D.
Marlys Lilleskov, R.N.
Miss Mary Dwyer
Mr. LaVand Syverson

EXTERNAL DISASTER COMMITTEE

Co-Chairmen:

Robert Hugh Monahan, M.D.
G. Thomas, Wier, M.D.

Members:

Dale L. Anderson, M.D.
Lawrence R. Boies, Jr., M.D.
Donald L. Erickson, M.D.
Albert Mowlem, M.D.
Vicki Schaeffer, R.N.
Mr. LaVand Syverson

INFECTION COMMITTEE

Chairman:

Richard G. Strate, M.D.

Members:

Robert A. Derro, M.D.
Gerald W. Ireland, M.D.
Paul B. Johnson, M.D.
Bertram F. Woolfrey, M.D.
Janet Alford, R.N.
Minna Moehring, R.N.
Mr. David Gitch

INTERN AND RESIDENT COMMITTEE

Chairman:

John M. Scanlan, M.D.

Members

Dale L. Anderson, M.D.
Ismail Barrada, M.D.
Robert O. Mulhausen, M.D.
Vincent R. Hunt, M.D.
Gerald W. Ireland, M.D.
F. Donald Kapps, M.D.
Albert Mowlem, M.D.
John F. Perry, M.D.
Suzanne Jelense, M.D. (resident)
Thomas Dawdy, M.D. (intern)
Everett Campbell, M.D. (intern)
Mr. LaVand Syverson
Mrs. Berniece Wersal

ISOTOPE COMMITTEE

Chairman:

James E. Hoffman, M.D.

Members:

Erhard Haus, M.D.
Robert R. McClelland, M.D.
Robert D. Pilgrim, M.D.
Mr. LaVand Syverson
Thomas Payne, Ph.D.

LONG RANGE PLANNING COMMITTEE

Chairman:

John F. Perry, Jr., M.D.

Members:

Dale L. Anderson, M.D.
Alexander S. Cass, M.B.B.S.
Robert J. Gumnit, M.D.
Erick Y. Hakanson, M.D.
G. Thomas Wier, M.D.
Mr. LaVand Syverson

OPERATING ROOM SUBCOMMITTEE

Chairman:

Lawrence R. Boies, Jr., M.D.

Members:

Alexander S. Cass, M.B.B.S.
Thomas H. Comfort, M.D.
Erick Y. Hakanson, M.D.
Robert Hugh Monahan, M.D.
Kenneth J. Richter, D.D.S.
John F. Perry, Jr., M.D.
Claude R. Swayze, M.D.
Donna Gratiot, R.N.
Mr. David W. Gitch

PHARMACY COMMITTEE

Chairman:

Vincent R. Hunt, M.D.

Members:

Eunice A. Davis, M.D.
Gerald W. Ireland, M.D.
Manuel O. Jaffee, M.D.
David Johnson, M.D. (resident)
Thomas E. Weier, M.D.
Don Wennberg, M.D. (resident)
Martin J. Jinks, Ph.D.
Hugh Kabat, Ph.D.
Mr. Leonard Lang
Mrs. Rita Laska, R.N.
Mrs. Carmian Seifert, R.N.
Mr. Norman Allan

SPRH/MERF RESEARCH COMMITTEE

Chairman:

Luigi Taddeini, M.D.

Members:

Erick Y. Hakanson, M.D.
Erhard Haus, M.D.
James J. Hoffman, M.D.
Robert L. Kriel, M.D.
David J. Lakatua, M.D.
John F. Perry, Jr., M.D.
Robert D. Pilgrim, M.D.
Zoltan Posalaky, M.D.
Manuel Ramirez-Lassepas, M.D.
Richard G. Strate, M.D.
Claude R. Swayze, M.D.
Vicente B. Tuason, M.D.
Charles Blomquist, Ph.D.
David W. Gitch

OUTPATIENT COMMITTEE

Chairman:

Robert O. Mulhausen, M.D.

Members:

Dale L. Anderson, M.D.
Lawrence R. Boies, Jr., M.D.
Erick Y. Hakanson, M.D.
John F. Perry, Jr., M.D.
Vicente B. Tuason, M.D.
Homer D. Venters, M.D.
Miss Minna Moehring, R.N.
Mr. David W. Gitch
Frank W. Quattlebaum, M.D. , ex officio

BUDGET REVIEW COMMITTEE

Chairman:

Robert J. Gumnit, M.D.

Members:

Lawrence R. Boies, Jr., M.D.
Brian C. Campion, M.D.
Alexander S. Cass, M.D.
Erick Y. Hakanson, M.D.
Robert O. Mulhausen, M.D.
John F. Perry, Jr., M.D.
Mr. David Gitch
Mr. Norman Allan
Mr. Dan Peerman
Mr. LaVand Syverson
Frank W. Quattlebaum, M.D.
Miss Minna Moehring

Saint Paul-Ramsey Hospital/University of Minnesota Relationships

Section 3

SPRH/U of M

3. SAINT PAUL-RAMSEY HOSPITAL/UNIVERSITY OF MINNESOTA RELATIONSHIPS

Following World War II, the Governing Board, the Administration and the Medical Staff of Ancker Hospital agreed to carry out graduate education programs for residency training in Medicine and Surgery in cooperation with the University of Minnesota Medical School, financed by a grant from the Kellogg Foundation. Although the hospital agreed initially somewhat reluctantly to the program and approved it only for the duration of the grant, the residency training programs proved of such value in raising the standards of patient care that the hospital asked to continue the programs when the grant was terminated.

Through the years since, the strength of some training programs has been consistent. Others have waxed and waned. All agree that when residency training programs in a department have been allowed to become weak, the quality of patient care has suffered. In recent years it has been possible to maintain medical education programs of high quality in all the medical departments.

The recognition by the hospital that it needs the University in order to maintain a high quality of patient care and the recognition by the University that it needs the Saint Paul-Ramsey Hospital to carry out its mission of training health science personnel led to the formal agreement of affiliation between the governing body of the hospital (then the Ramsey County Welfare Board) and the Board of Regents of the University on January 1, 1967 (see appendix I).

This affiliation has been the basis for continued joint education efforts between the University and the Hospital to the present time.

It requires that all members of the Medical Staff be qualified for appointment to the faculty of the Medical School and that they be so appointed. Full time staff at the Hospital hold regular appointments at the University and have the same rights and privileges as on-campus faculty members including voting rights in the Executive Faculty for Professors and Associate Professors. Part time and attending medical staff members of the hospital hold clinical faculty appointments in the Medical School or other Schools of the Health Sciences. There are 62 full time, 19 part time and 158 attending medical staff members who are faculty members of the medical school. The Saint Paul-Ramsey Hospital based Health Sciences faculty members of the University are organized as a faculty (see appendix II) and are responsible to the University and to the hospital for educational programs and for recommending to the administration how University funds for undergraduate education shall be distributed to departments.

In 1971 the Minnesota legislature provided \$1,080,000 for the biennium for support of undergraduate education, and \$954,506 for support of a training program in Family Practice at the Hospital. The rest of the cost of health science education is met from hospital revenue and from contributions by the Medical Education and Research Foundation. The legislature established an advisory Committee charged to examine education programs and to make recommendations to the legislature concerning the development of Health Science education programs. The report of that committee is attached. (see appendix III). The 1973 legislature continued the support of undergraduate medical education and family practice in the amounts of \$90,000 and \$874,000 respectively for the biennium.

Saint Paul-Ramsey Hospital serves the community by providing twenty-four hour, around the clock care for the acutely ill, the injured patient and anyone else who seeks medical care. It is through the medium of health science education programs that the Medical Staff is able to provide patient care of the highest quality to meet these needs of the community.

The Health Science educational programs of the hospital at the present time include the following students:

CURRENT ACTIVITIES IN HEALTH SCIENCES EDUCATION

PROGRAMS AT SAINT PAUL-RAMSEY

Interns	43
Residents	80-90
(Includes 48 of our own residents in independent SPRH programs, i.e., Family Practice, Ob/Gyn, Pathology, Surgery and Urology. The rest are on rotation from the U of M or the VA Hospital)	
Post Doctoral trainees	1
Interns rotating to SPRH from other hospitals	5
Medical Students	
Phase A	7-8
Phase B	40-60
Phase D	40-45
Nurse anesthetists	8
Social worker students	5
Nurse clinicians	1
Ophthalmological technician students	44
(25 1st year; 19 2nd year)	
Pathology laboratory technician students	15
Community Pediatric Fellows	1
Physical & Occupational Therapy Technicians	3

Physical & Occupational Therapy Assistants	1
Pharmacy Interns	1
Pharmacy students	20
Dietetic Interns	9
Hospital Administration students	3
Hospital Administration residents	1
Student Nurses (3 year program)	250
Orthopedics technicians	1

AFFILIATION AGREEMENT BETWEEN
ST. PAUL-RAMSEY HOSPITAL AND THE
UNIVERSITY OF MINNESOTA

I

What appears below is an agreement of affiliation between St. Paul-Ramsey Hospital and the University of Minnesota. As such, it is the statement of an affiliation between two institutions and two communities dedicated to medical education and the advancement of medical knowledge through patient care and community service, medical education, and research.

The St. Paul-Ramsey Medical Staff and Administration and the Ramsey County Welfare Board recognize that a teaching affiliation with the Medical School is essential if St. Paul-Ramsey Hospital is to provide a perpetuating high quality of medical-hospital care and services to the citizens of St. Paul and Ramsey County and a supply of competent professional personnel. The Hospital places a high value on the Medical School for its ability to aid continuously in defining standards of medical service, education, and research and will utilize the University in such a way as to fulfill the educational standards expected of it. In turn the University of Minnesota will aid in whatever way it sees possible and appropriate to facilitate the objectives of this agreement. The University and its College of Medical Sciences need the facilities and services which a teaching hospital can provide through its wards, clinics, and medical staff for the teaching of clinical medicine.

A key feature of this affiliation is the appropriate appointment and function of the herein described Joint Educational Council whose responsibility it will be to know the commitment contained in this agreement and the appropriate functions of both institutions with respect to this agreement. It is of paramount importance that the Council be duly and appropriately selected and so composed that its decisions for it will be a formal and policy shaping agency to this agreement. It will have the responsibility of periodic formal revision of this agreement.

It shall be recognized that shared goals can be realized most effectively if the affiliation is basically an institution-to-institution agreement providing a framework of meaningful support and guidance to the important transactions between departments and divisions of each institution. There will be instances, however, in which at any given time certain departments or divisions of the Hospital and Medical School will not be directly involved in responsibility for a teaching program.

Recognizing that any agreement of affiliation acceptable to both parties is quite likely to require amendments and changes in the current bylaws of the Hospital Medical Staff and in equivalent documents of the College of Medical Sciences, such amendments shall be consonant with the Law and shall not force either institution to exceed its financial resources.

Finally, it has been well said that no institution can be seriously or justly contemplating entering into an educational agreement unless it has education in mind.

The following principles shall characterize the general relationships between the respective parties:

II
Faculty and Hospital Staff
Appointments

A. Power of Appointment.

1. Appointment of the medical staff of St. Paul-Ramsey Hospital is a function of St. Paul-Ramsey Hospital.
2. Appointment to the Faculty of the University of Minnesota Medical School is a function of the University.
3. All departmental or division Service Chiefs shall be nominated by the Head of the cognate Department at the University of Minnesota Medical School after consultation with a committee of the medical staff selected by the Chief of Staff at St. Paul-Ramsey Hospital. These nominations shall then be forwarded to the Executive Committee of the Hospital for approval and then to the Governing Body of the Hospital, the Dean of the College of Medical Sciences, the President and the Board of Regents for their final approval and appointment.
4. In addition to the appointment of Service Chief as described above and beginning with the date that this agreement of affiliation is formally approved, it is expected that anyone appointed to the Medical Staff of St. Paul-Ramsey Hospital shall be qualified for an appointment to the faculty of the University College of Medical Sciences and shall indeed be so appointed. The prospective appointed shall be recommended by their respective Service Chiefs after they have demonstrated their ability to meet the requirements of such membership. If approved by the cognate Department Head at the Medical School, the recommendation will be forwarded for action by the St. Paul-Ramsey Executive Committee, the Ramsey County Welfare Board, the Dean of the College of Medical Sciences, the President and the Board of Regents.
5. The medical staff members of the Hospital and the administration recognize by merit of dual appointments the holders of such appointments are responsible to both institutions in terms of the objectives, goals and responsibilities of each institution.
6. In any situation where the professional competence of any member of the full time staff at St. Paul-Ramsey Hospital is seriously questioned, a two-thirds majority of the Executive Committee of that Hospital will refer the matter to the Joint Educational Council.

B. Qualifications of Medical Staff Appointments and the University Faculty Membership.

1. It is recognized that members of the Faculty of the Medical School serving as full time staff at St. Paul-Ramsey Hospital are the equivalent of the faculty serving full time at the Medical School with respect to clinical skill, teaching ability, and the potential for scholarly activities and therefore shall enjoy, in general, the same rights and privileges and have the same obligations as other comparable University Faculty members. The nature and extent of the rights, privileges and obligations will be negotiated in individual instances through the Joint Educational Council and will take account of legal and financial limitations of the University and of St. Paul-Ramsey Hospital.

2. Full time University Appointments.

(a) Full time members of the Medical Staff of St. Paul-Ramsey Hospital may wish to receive their compensation through the University, and they may do so at their option, regardless of whether the actual source of such compensation is the University, St. Paul-Ramsey Hospital, a research grant, or a combination of such sources.

(b) The policies determining such appointments shall be the same as those applied throughout the College of Medical Sciences. In particular, the statement entitled "General Policies Concerning Support of Faculty Positions in the College of Medical Sciences with Special Reference to Utilization of Non-Regular Funds" and dated August 1, 1966, shall apply. Funds provided by St. Paul-Ramsey Hospital are "non-regular" funds.

(c) It is recognized that, for a number of reasons, the salary scale for members of the full time Medical Staff of St. Paul-Ramsey Hospital is higher than that for faculty members serving full time at the University of Minnesota Medical Center. For this reason their compensation will, in most instances, include both a "basic salary," which will be the salary comparable to the salary paid comparable individuals serving full time at the University of Minnesota Medical Center, and an additional amount of basic salary to be determined by the County Welfare Board. University fringe benefits, notably participation in the University's retirement program, will be based on the level of the "basic salary" as determined by the University of Minnesota Medical Center.

(d) Alternately, St. Paul-Ramsey Hospital Staff members serving full time in the Hospital may prefer to receive all of their basic compensation directly from the Ramsey County Welfare Board, in which event the University Fringe benefits will not apply.

3. Other University Faculty appointments. Members of the Hospital's Medical Staff participating in the teaching program at St. Paul-Ramsey Hospital on a part time and usually non-compensated basis will be expected as of the date this agreement of affiliation is formally approved to qualify for appointment to the Faculty of the College of Medical Sciences. They will be appointed Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor and Clinical Instructor. Such appointments as far as this agreement is concerned carry no implications as to either compensation, or fringe benefits.

III

Sources of Budgetary Support

The governing body of the St. Paul-Ramsey Hospital recognizes that excellence in patient care, community services, and health science education pre-supposes adequate financial support in all areas of administration and staffing of St. Paul-Ramsey Hospital. Likewise, the University recognizes its fundamental obligation to provide financial support of the educational program for the undergraduate medical student, that is, the student pursuing the course leading to the M.D. degree. Faculty members serving full time at St. Paul-Ramsey Hospital may receive their compensation in the form of a University pay check in accord with Paragraph B-2

above. The respective proportions provided by the University and St. Paul-Ramsey Hospital will be negotiated each year by the two institutions with respect to the individual appointee and St. Paul-Ramsey Hospital will then pay the agreed upon amount to the University. The actual proportion provided by the University is in no way related to or determinative of the individual's "basic salary." The liability of the University for provision of fringe benefits will extend only to that segment of the basic salary actually provided by the University. St. Paul-Ramsey Hospital will include in its payment to the University the amount required to provide fringe benefits in relation to the segment of basic salary actually provided by St. Paul-Ramsey Hospital.

IV

The Joint Educational Council

A. Responsibilities

1. The primary responsibility of the Council shall be the evaluation and arbitration concerning undergraduate and postgraduate medical education programs within the confines of this agreement. Their deliberations shall encompass the practices of both institutions insofar as this agreement applies.
2. Being constituted of members selected from among key staff members of both institutions, it is the formal arbitrating body in all matters relating to this agreement of affiliation, including any differences that may arise and any modifications of the agreement that may be deemed necessary or advisable.
3. The recommendations of all meetings will be forwarded in writing to the St. Paul-Ramsey Hospital Superintendent, Chief of Staff, Chairman of the Ramsey County Welfare Board and the Dean of the College of Medical Sciences. Inasmuch as such recommendations are specifically given for the educational policy to be pursued by both institutions in regard to medical education at St. Paul-Ramsey Hospital, it shall be the specific duty of the Superintendent of St. Paul-Ramsey Hospital and the Dean of the University College of Medical Sciences to forward in writing within a reasonable period of time after the receipt of such recommendation, positive or negative actions they respectively intend to take concerning the recommendations along with the rationale for the action.
4. Whenever dismissal of any dually appointed medical staff member is contemplated, such deliberation shall be forwarded to the Joint Educational Council for its recommendation.
5. The Joint Educational Council will honor requests of Service Chiefs at both St. Paul-Ramsey Hospital and the College of Medical Sciences for appearance before the Council to present their views regarding educational programs at St. Paul-Ramsey Hospital. It is further agreed that no matter of direct concern to a Service Chief at St. Paul-Ramsey Hospital shall be discussed without its being formally placed on the agenda, and without the presence of the Service Chief concerned.
6. The Council shall periodically review the affiliation agreement and make recommendations for changing it where deemed necessary.

B. Composition and Method of Selection.

To ease the problem of assembly and communication, the Council shall be comprised of not more than nine members. They shall be as indicated in the following:

- One Ramsey County Welfare Board member selected by that Board
- One Ramsey County Welfare Board Hospital Advisory Committee member selected by that committee.
- One St. Paul-Ramsey Hospital Administrator (the Superintendent or his designee)
- One St. Paul-Ramsey Hospital full time staff members selected by St. Paul-Ramsey Hospital Executive Committee
- One St. Paul-Ramsey Hospital visiting staff member selected by St. Paul-Ramsey Hospital Executive Committee
- One Dean of the Medical School or his designee
- Two members of the Faculty of the University of Minnesota Medical School to be selected by the Administrative Board of the Medical School

C. Meetings.

The Council shall meet no less than bimonthly during the entire year. Its chairman shall be the Dean of the Medical School or his designee. The Council shall make its own provisions for the calling of special meetings.

V

Undergraduate and Postgraduate Educational Programs

A. Medical Students

The assignment, rotation, and program for medical students shall be the joint responsibility of the University Department Head and the cognate Service Chief. Assigned undergraduate medical students shall be responsibly involved in the management of the care of the patient under the supervision of the St. Paul-Ramsey Hospital Medical Staff. The medical Students' activities shall include doing patient histories and physical examinations, stating tentative diagnosis, proposing diagnostic and therapeutic procedures, and proposing recommendations for discharge, and the course of the patient care shall include outpatient and other extensions of its service as well as inpatient care to the fullest degree possible.

B. Medical Interns

Medical interns shall practice medicine at St. Paul-Ramsey Hospital under the direct supervision of the Service Chiefs and the intern and resident committee of the hospital. Since the medical intern program is one of postgraduate education the intern educational program shall come up for periodic evaluation and recommendation by the Joint Education Council. Otherwise the selection, appointment, training, supervision and remuneration of interns at St. Paul-Ramsey Hospital shall be the primary responsibility of St. Paul-Ramsey Hospital, its staff and governing body.

C. Medical Fellows.

Selection, appointment, assignment, education, supervision, and remuneration of medical fellows shall be a joint venture involving the cognate Medical School Department Head and the St. Paul-Ramsey Hospital

chief of Service, with primary responsibility for final determinations being the prerogative of the party with the official accreditation listing. All appointments as medical fellows, however, must have the additional approval of the Dean of the Graduate School of the University of Minnesota for enrollment in the Graduate School.

VI

Patients and Teaching

All patients admitted to St. Paul-Ramsey Hospital shall be available for participation in the teaching program, unless objecting, and except where, in the opinion of the responsible physician, such incorporation would jeopardize the welfare of the patient.

VII

Enactment, Revision, and Termination of Agreement

The agreement shall be effective immediately upon its proper ratification by the responsible parties designated immediately below. It shall continue from year to year without renewal notice. Its periodic revision shall be the primary responsibility of the Joint Educational Council. In the event either party wishes to propose a major change in the agreement written notice given three months in advance to the Joint Educational Council would be adequate. In the event of termination, three years notice in advance shall be given.

UNIVERSITY OF MINNESOTA COLLEGE OF MEDICAL SCIENCES

By _____
Dean of the College of Medical Sciences

UNIVERSITY OF MINNESOTA

By _____
Vice President, Business Administration

SAINT PAUL-RAMSEY HOSPITAL

By _____
Chief of Medical Staff

SAINT PAUL-RAMSEY HOSPITAL

By _____
Superintendent

RAMSEY COUNTY WELFARE BOARD

By _____
Chairman

Dated this _____ day of _____ 1967

CONSTITUTION FOR ORGANIZATION OF UNIVERSITY OF MINNESOTA HEALTH SCIENCES
FACULTY MEMBERS AT SAINT PAUL-RAMSEY HOSPITAL

I. Purpose

Organization of the Saint Paul-Ramsey Hospital based University of Minnesota Health Sciences Faculty is a means for providing communication by the Saint Paul-Ramsey Hospital based Health Sciences Faculty with appropriate University authority and organizations coordinated through the Office of the Vice President for Health Sciences and with the Ramsey County Hospital and Sanitarium Commission. It is also a mechanism whereby recommendations regarding Health Sciences educational and other University Matters, as they affect Saint Paul-Ramsey Hospital's educational efforts, can be made by the Faculty Members involved. This organizational structure is recognized as an interim arrangement which will be modified to conform to the constitution of the Health Sciences proper and of the Schools of the Health Sciences.

II. Functions of the Faculty

Relate and make recommendations to appropriate University authority or body coordinated through the Office of the Vice President for Health Sciences and when appropriate to the Ramsey County Hospital and Sanitarium Commission concerning:

1. Content and quality of teaching and training programs at SPRH.
2. Faculty promotions.
3. Distribution of fiscal support for Health Sciences education programs at SPRH provided from University funds.
4. Development of University teaching programs at other Saint Paul hospitals.
5. All other matters that relate to or influence University teaching programs at SPRH.

III. Organization of the Faculty

The Faculty shall consist of a General Faculty which shall have a Faculty Steering Committee as its steering committee.

IV. Membership in the Faculty

Membership in the Faculty shall consist of those Saint Paul-Ramsey Hospital Staff Members who have regular or clinical appointments in a School of the University Health Sciences and who undertake major teaching responsibilities.

V. Appointment to the Faculty

1. Initial appointments to the Faculty shall include those department heads who fulfill the above criteria and those Staff Members recommended by their department heads as fulfilling the above criteria.
2. Once the Faculty is organized, appointment to the Faculty shall be recommended by the department chairman and approved by the Faculty.
3. Continued membership on the Health Sciences Faculty shall be based on continued fulfillment of the criteria for membership. The Faculty shall have the right to recommend termination of membership of those members who no longer are involved in a teaching role.

VI. Faculty Steering Committee

1. Membership

The Faculty Steering Committee shall consist of a member from each department involved in teaching programs of the University of Minnesota Health Sciences at graduate or undergraduate levels, that member to be elected by the Faculty Members of the department. In addition, there shall be six Faculty Members elected by the Faculty-at-Large from Full Time Faculty or Clinical Faculty with major teaching responsibilities.

2. Chairman

The Chairman of the Faculty Steering Committee shall be elected from and by the membership of the Faculty Steering Committee. In addition, he shall be approved by the Vice President for Health Sciences of the University of Minnesota. The Chairman will serve for a period of two years and is eligible for re-election. The Chairman of the Faculty Steering Committee also serves as Chairman of the Faculty. The Chairman of the Faculty Steering Committee shall be a voting member of the Joint Education Council of Saint Paul-Ramsey Hospital

3. Meetings

Meetings will be held at least monthly at Saint Paul-Ramsey Hospital or more often if called by the Chairman. Notification of the agenda will be sent to Members at least one week in advance of the meeting. Upon request of at least three members of the Faculty Steering Committee, the Chairman will call a Special Meeting. Special meetings may be called on forty-eight hour notice. Meetings will be conducted according to Sturgis' Rules for Parliamentary Procedure. A Secretary will be selected from among the members and will be responsible for recording minutes of the meeting. A third of the membership will constitute a quorum.

4. Duties and Function

The Faculty Steering Committee will serve as the steering committee of the Faculty and consider matters of concern to the Faculty. Having acted, it will transmit its recommendations to the appropriate authority and will, at appropriate intervals, bring these recommendations to the Faculty as a whole for ratification.

5. Meetings of the Faculty

The Faculty shall meet on the second Thursday in January, April, July and October of each year or at a different date during the same month as determined by the Faculty Steering Committee. Special meetings may be called by the Chairman and Members must be notified at least forty-eight hours in advance of the time and date of the meeting. The Chairman will call a Special meeting upon the signed request of any five members of the Faculty. One quarter of the membership will constitute a quorum.

The Faculty will initiate debate and can act or refer matters to its Faculty Steering Committee for indepth study and recommendation. Final action on any matter shall, however, rest with the Faculty.

VII. Amendments

Amendments to this Constitution may be proposed by any member of the Faculty at any regular or special meeting if said amendment has been circulated to the full membership two weeks in advance of the meeting. If adopted by those present, it must be submitted on a mail ballot to all Faculty Members with two weeks allowed for reply. Adoption will require approval by two-thirds of those replying.

jra
2/15/73

BYLAWS OF THE ORGANIZATION OF UNIVERSITY OF MINNESOTA FACULTY MEMBERS BASED AT
SAINT PAUL-RAMSEY HOSPITAL

Section 1. The General Faculty

1. Composition of the General Faculty

In addition to the membership provided for in Paragraphs 4 and 5 of the Constitution, individuals who have regular or clinical appointments in a School of the University Health Sciences and who are devoting a substantial segment of their time to teaching in a Saint Paul-Ramsey Hospital related program may be nominated for membership in the General Faculty by the Head of the Saint Paul-Ramsey Hospital department conducting the program. In cases where no Saint Paul-Ramsey Hospital department head exists, an individual may be nominated by a member of the Faculty Steering Committee. The nomination will be submitted to the Faculty Steering Committee which will forward it with a recommendation to the General Faculty which may admit the applicant by majority vote.

Individuals holding University appointments as Research Associates and Research Fellows and who are primarily engaged in Saint Paul-Ramsey Hospital related projects may be nominated for and admitted to membership in the General Faculty in the same manner.

2. Appointment to the Faculty

The request for appointment of an individual qualifying under Paragraph IV of the Constitution and under Section 1, Paragraph 1 of the Bylaws to the General Faculty is submitted to the Faculty Steering Committee which will review the application and forward it with recommendation to the General Faculty at its next regular meeting for approval. The Faculty Steering Committee will delegate the review of these applications to a three man subcommittee appointed for this purpose (Faculty Membership Review Subcommittee) which will report to the full committee.

3. Yearly Review of Faculty Status

The Head of each Department will submit in November of each year a list of the members of the General Faculty of his department to the Faculty Steering Committee for review by the Faculty Membership Review Subcommittee and for continuation of their appointment by the General Faculty during its regular meeting in January. In cases where no Saint Paul-Ramsey Hospital department head exists, an individual may be nominated by a member of the Faculty Steering Committee which will forward it with a recommendation to the General Faculty which may admit the applicant by majority vote.

4. Resignation From General Faculty

A member of the General Faculty no longer engaged in a major Saint Paul-Ramsey Hospital related teaching program may resign by letter to the Chairman of the Faculty Steering Committee at any time.

MEMBERS OF THE FACULTY STEERING COMMITTEE OF THE UNIVERSITY OF MINNESOTA FACULTY
BASED AT SAINT PAUL-RAMSEY HOSPITAL

CHAIRMAN: John F. Perry, Jr., M.D., Professor and Head, Department of Surgery

MEMBERS: Dale L. Anderson, M.D., Assistant Professor of Surgery and Head,
Department of Ambulatory Care
Robert G. B. Bjornson, M.D., Associate Professor and Head, Department
of Radiology
Lawrence R. Boies, Jr., M.D., Associate Professor and Head, Department
of Otolaryngology
Alexander S. Cass, M.B.B.S., Assistant Professor and Head, Department
of Urology
Donald L. Erickson, M.D., Clinical Instructor, Department of Neurosurgery
David W. Florence, M.D., Assistant Professor, Department of Orthopedics
Robert P. Gruninger, M.D., Assistant Professor, Department of Medicine
Robert J. Gummit, M.D., Professor and Head, Department of Neurology
Erick Y. Hakanson, M.D., Associate Professor and Head, Department of
Obstetrics and Gynecology
Erhard Haus, M.D., Instructor and Head, Department of Pathology
Vincent R. Hunt, M.D., Assistant Professor and Head, Department of
Family Practice
Manuel O. Jaffe, M.D., Clinical Associate Professor, Department of
Dermatology
Martin J. Jinks, Ph.D., Assistant Professor, School of Pharmacy
F. Donald Kappps, M.D., Instructor, Department of Pathology
Michael Kosiak, M.D., Clinical Assistant Professor and Head, Department
of Physical Medicine
Robert Hugh Monahan, M.D., Clinical Professor and Head, Department of
Ophthalmology
Robert D. Pilgrim, M.D., Assistant Professor, Department of Radiology
Frank W. Quattlebaum, M.D., Associate Professor, Department of Surgery
Kenneth J. Richter, D.D.S., Assistant Professor and Head, Department
of Dentistry
Jose B. Romero, M.D., Clinical Instructor, Department of Anesthesiology
George C. Roth, M.D., Clinical Associate Professor of Medicine and Head,
Department of Tuberculosis
Luigi Taddeini, M.D., Associate Professor, Department of Medicine
Francis B. Tiffany, M.D., Clinical Associate Professor, Department of
Medicine
Vicente B. Tuason, M.D., Associate Professor and Head, Department of
Psychiatry
Homer D. Venters, M.D., Professor and Head, Department of Pediatrics
G. Thomas Wier, M.D., Clinical Associate Professor and Head, Department
of Anesthesiology

** The Faculty Steering Committee is composed of one representative elected by each of the academic departments and six members elected from the faculty at large.

ADVISORY COMMITTEE ON MEDICAL EDUCATION PROGRAMS

AT ST. PAUL-RAMSEY HOSPITAL

Report to the Vice President for Health
Sciences, University of Minnesota

J. PETER DEVINE, SECRETARY
Office of Secretariat

MINNESOTA HIGHER EDUCATION
COORDINATING COMMISSION
550 Cedar Street
St. Paul, Minnesota 55101

NOVEMBER 1972

ADVISORY COMMITTEE ON MEDICAL EDUCATION PROGRAMS

AT ST. PAUL-RAMSEY HOSPITAL

Report to the Vice President for Health
Sciences, University of Minnesota

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EXHIBITS

- A. Minutes of Committee Meetings
- B. Inventory of Documents
- C. Documents 1 Through 28

MOORE, COSTELLO & HART

ATTORNEYS AT LAW

1400 NORTHWESTERN NATIONAL BANK BUILDING

55 EAST FIFTH STREET

SAINT PAUL, MINNESOTA 55101

227-7683
AREA CODE 612

FORMERLY
FARICY, MOORE, COSTELLO & HART

WALTER V. DORLE
OF COUNSEL

ROLAND J. FARICY 1922-1967
RICHARD A. MOORE
HARRY O. COSTELLO
B. WARREN HART
WILLIAM F. ORME
MARVIN J. PUTZIK
A. PATRICK LEIGHTON
FREDERICK J. PUTZIK
DAVID L. WHITE
HAROLD R. FOTSCH
ROBERT A. ALBRECHT
RONALD E. MARTELL
WILLIAM M. BEADIE
DENIS L. STODDARD
BRUCE E. KIERNAT
LARRY A. HANSON
PHILIP K. ARZT, JR.
ALAN K. RUVELSON, JR.

December 8, 1972

Dr. Lyle A. French, M.D.
Vice President
Office of Vice President for
Health Sciences
432 Morrill Hall
University of Minnesota
Minneapolis, Minnesota 55455

Dear Dr. French:

On behalf of the Advisory Committee on Medical Education Programs at St. Paul-Ramsey Hospital, I herewith submit the Committee Report pursuant to Minnesota Statutes 1971, Chapter 851.

The Report summarizes the Committee deliberations and provides several recommendations germane to the Legislature's charge in establishing the Committee. I am pleased to inform you that these recommendations received the unanimous consent of the Committee members, as well as support from several affected organizations as noted among the documents which accompany the Report.

As you know, the Statute provides for transmittal of the Report to the Regents and ultimately to the 1973 Legislature through your good offices. Mr. J. Peter Devine of the Higher Education Coordinating Commission served well as Secretary to the Committee. He is prepared to forward as many copies of the Report as you require, including copies of the supporting documents.

I am confident that I speak for each member of the Committee when I say that we are at your disposal and that of the Regents and Legislature to testify and comment on the substantive issues addressed by the Committee in this Report.


Dr. Lyle A. French, M.D.

December 8, 1972

Page 2

The Committee joins me in expressing gratitude to you personally for your continuing interest in the issues of concern to the members, and for taking occasion to share your valuable insight.

Sincerely yours,



RICHARD A. MOORE, CHAIRMAN

RAM:gb
Enclosures

MINNESOTA
HIGHER EDUCATION
COORDINATING COMMISSION

SUITE 400
CAPITOL SQUARE
550 CEDAR STREET
SAINT PAUL 55101

OFFICE OF THE EXECUTIVE DIRECTOR

December 8, 1972

Dr. Lyle A. French, M.D.
Vice President
Office of Vice President for
Health Sciences
432 Morrill Hall
University of Minnesota
Minneapolis, Minnesota 55455

Dear Dr. French:

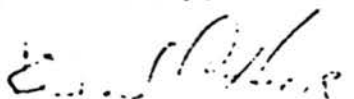
This is to advise you that the report of the St. Paul-Ramsey Medical Advisory Committee was presented at the December 1 meeting of the Higher Education Coordinating Commission and that the Commission took official action to receive the report.

You should also be advised that following discussion of the Committee's report, the Commission passed the following motion:

In view of the initial success of the experiment involving St. Paul-Ramsey Hospital, the Commission recommends that Hennepin County General Hospital be encouraged to develop parallel plans as recommended to the 1971 Legislature.

Your cooperation and the cooperation of other members of your staff with the Commission, as secretariat of the Committee, has been most appreciated. As always the Commission stands ready to assist the University Administration and the Board of Regents in addressing the Committee's recommendations.

Sincerely,


RICHARD C. HAWK
Executive Director

RCH:gb

SUMMARY AND RECOMMENDATIONS

The Advisory Committee on Medical Education Programs at St. Paul-Ramsey Hospital responded to the legislative intent in Minnesota Laws 1971, Chapter 851 by serving as convener, moderator, monitor, reviewer and evaluator in a scope of legislation which encompassed:

- appropriations to relieve the hospital patient of educational costs, and a request that the Regents give separate identity to the Hospital's health education programs;
- appropriations to encourage development by the University Regents of a core of educational programs from which a full range of health education programs could be developed in the Hospital, and in particular a core consisting of post-graduate medical education and family practice;
- an invitation to the University Regents and the County Hospital Commission mutually to develop and implement novel administrative arrangements demonstrating the feasibility of collaboration for the purposes mentioned; and
- a similar invitation to develop and implement novel administrative arrangements with other area and rural health facilities demonstrating the feasibility of collaboration for the same purposes on a wider geographic scale.

In its brief life the Committee could do little more than encourage and monitor the experimental steps in what is perforce a lengthy journey in unplotted territory.

The Committee is firmly convinced, however, that all affected parties have generously participated in careful initial steps and that they have demonstrated the ultimate feasibility of novel arrangements in delivery, of all types of formal health education programs. The Committee is also convinced of the continuing need for the functions it was established to perform.

Therefore, the Committee recommends:

1. Review and Evaluation of Programs (851, Subd. 6)

Although a number of specific programs were evaluated and inventoried, the review and evaluation charge remains partially fulfilled at the present time. The Committee believes this function is viable and necessary and *recommends the continuation of this Committee for another two-year period with supporting services provided again by the Higher Education Coordinating Commission.*

2. Administration of Medical Education Programs at Saint Paul-Ramsey Hospital (851, Sec. 1)

The Committee can report its general satisfaction with progress in this area which appears to be consistent with the legislative intent. The Committee makes the following specific recommendations:

- a. *Improved communication and better working relations between the University department heads and the Saint Paul based faculty are desirable and the present efforts in this direction should be encouraged.*
- b. *Improved communication and better working relations between the Ramsey County Hospital and Sanitarium Commission, its administrative officers and the Saint Paul based University faculty are desirable and the present efforts in this direction should be encouraged.*
- c. *Improved communication and better working relations between the Ramsey County Hospital and Sanitarium Commission, its administration and the University Health Sciences representatives through the mechanism of the Joint Education Council is desirable and the present efforts in this direction should be encouraged.*

The Committee remains keenly aware of the critical nature of negotiations in each of these areas so that educational development may be accomplished according to legislative intent. The Committee recommends and urges a continued monitoring of this progress through the aforesaid continuation of the Committee.

3. Planning and Development of Medical Education at Saint Paul-Ramsey Hospital (951, Sec. 1)

The Committee reviewed the development of the Saint Paul-Ramsey Hospital based faculty organization and approves proposals to expand it to other Saint Paul based University

faculty. The Committee reviewed the plans for the future development of the program in education of Family Physicians and *recommends continued financial support of this program by the legislature.*

The Committee reviewed the proposal to relocate the Gillette State Hospital to the Saint Paul-Ramsey Hospital site. It noted that although such a move would have many advantages from the standpoint of economy and service it would also provide an unusual opportunity to expand the health science education role of both institutions at minimal cost. The Committee *recommends that the legislature finance its share of the expenses involved.*

The 1971 Legislature appropriated funds to the University of Minnesota for undergraduate medical education at Saint Paul-Ramsey Hospital. The Committee reviewed the allocations of these funds by the University and determined they were made in accordance with legislative intent. The principle was established that funds were allocated where the students are being educated. The Committee *recommends continued financial support of undergraduate medical education at Saint Paul-Ramsey Hospital by the legislature.*

4. Possible Utilization of Other Saint Paul Area Hospitals and Health Institutions and Existing Regional Rural Hospitals, Clinics and Physicians (851, Subd. 3),

The Committee examined and stimulated discussion about the feasibility of utilizing area health institutions to develop a coordinated cooperative health education effort in association with the programs at Saint Paul-Ramsey Hospital. One of the main items of discussion was the need for additional state funding which must be made available on an equitable basis. The discussions made it clear that such a consortium cannot be imposed by the University but must be the result of voluntary participation by the appropriate groups organized in a democratic manner. Since there is currently no overall cooperation and coordination of the health science education programs of the facilities in the area, there needs to be established a mechanism whereby communication and coordination between University and area health facilities are accomplished so that unnecessary duplication of effort is avoided, maximum utilization of facilities is achieved, and University Health Science education programs are carried out with maximum economy.

To further this end the Committee *recommends that the legislature fund a St. Paul-based University official to coordinate and develop health science programs.*

The Committee is convinced that the functions it sought to serve are essential for orderly development of health science education programs in Saint Paul and *recommends to the legislature that these functions be preserved.*

MINNESOTA LAWS 1971, CHAPTER 851

Subd. 6. "...an advisory committee is hereby appointed to evaluate and review the medical education programs at St. Paul-Ramsey Hospital, including future expansions thereof authorized by this act, and submit a report thereof to the vice president for Health Sciences at the University of Minnesota who will report to the President and the Board of Regents. The Board of Regents shall submit its comments, together with those of the advisory committee, to the legislature on or before January 15, 1975.

...The advisory committee will remain in operation no longer than June 30, 1973.

Sec. 2. This act is in effect on July 1, 1971, subject, however, to the conditions set forth in section 1.*"

*Before July 1, 1971, both the Regents and the Ramsey County Commissioner were to formally advise the State auditor of compliance with a legislative request to provide and gradually develop health sciences education cooperatively.

Introduction

The Advisory Committee on Medical Education Programs at St. Paul Ramsey Hospital was established by the 1971 Legislature effective on July 1, 1971, and operative until June 30, 1973

Membership of the Advisory Committee was duly established according to law (see Document 22), and on November 9, 1971, the first meeting was announced by the Executive Director of the Higher Education Coordinating Commission (see Document 19). At its first meeting the Advisory Committee appointed a Chairman, Mr. Richard A. Moore of St. Paul (Laws 1971, Chapter 851, Subd. 6). The Higher Education Coordinating Commission had appointed Mr. J. Peter Devine as Secretary, and provided professional staff (Chapter 851, Subd. 6).

The Advisory Committee held formal meetings on*:

1. November 24, 1971
2. December 28, 1971
3. January 28, 1972
4. July 7, 1972
5. August 18, 1972
6. November 15, 1972
7. November 28, 1972

The August meeting took the form of a hearing to ascertain the responses of east-metropolitan hospitals to a proposal to develop cooperation and coordination as an area health sciences campus.

*See Minutes in Exhibit A.

In addition, the Advisory Committee stimulated several informal meetings on this and other proposals.

In brief, the work of the Advisory Committee principally concerned these major items:

1. the role of the Advisory Committee,
2. review and evaluation of programs (851, Subd. 6),
3. administration of medical education programs at St. Paul-Ramsey Hospital (851, Sec. 1),
4. planning and development of medical education programs at St. Paul-Ramsey Hospital (851, Sec. 1),
5. possible utilization of other St. Paul area hospital and health institutions and existing regional rural hospitals, clinics, and physicians (851, Subd. 3).

The Advisory Committee also concerned itself with the legal responsibility in utilization of funds appropriated by the 1971 Legislature. Although the Advisory Committee did not consider this issue as directly related to its role, it satisfied itself that the legal responsibilities were adequately accounted for.

1. Role of Advisory Committee

The relevant legislation referred to "medical education programs" and to "a gradual development of health science education activities" (Chapter 851, Subd. 1, 4) at St. Paul-Ramsey Hospital.

The former denoted education of physicians and principally

graduate physicians because reference was made (Subd. 2) to "training of persons primarily interested in patient care" and to expansion and proper funding of the health science activities that were in use at St. Paul-Ramsey Hospital by the Regents of the University.

The latter denoted the full range of health science education including undergraduate medical (Subd. 4) because the legislature stated its desire for expansion in terms of "nurses and various technical specialists, as well as undergraduate and graduate medical students."

With respect to the Advisory Committee, the operative part of the legislation appointed the Committee "to evaluate and review the medical education programs at St. Paul-Ramsey Hospital, including future expansion thereof authorized by this act" (Subd. 6), and "submit a report to the Vice President for Health Sciences." Thus the charge to the Advisory Committee covered the full range of existing and contemplated health science education programs at St. Paul-Ramsey Hospital.

Other operative parts referred explicitly to the Regents and to the Ramsey county hospital and sanatorium commission. The Regents 1) received an appropriation "for the on-site administration, planning and development of medical education programs (Subd. 1), and were requested 2) to "expand health science education at St. Paul-Ramsey Hospital (Subd. 2), 3) to act "in cooperation with the Ramsey county hospital and sanatorium commission" (Subd. 3), and 4) to utilize, if possible, other St. Paul area health institutions and rural hospitals,

clinics and physicians (Subd. 4). The appropriation would be available only when the University formally acceded to the requests and the hospital commission formally agreed to cooperate with the Regents (Subd. 5).

These formal actions were duly accomplished (see Document 23).

Because the full-range charge to the Advisory Committee included future expansions, its role encompassed development of medical and health education programs to be planned and administered on-site by the Regents, as well as cooperation between the Regents and the county commission and utilization of area and rural health facilities. In this regard, the Advisory Committee could serve as a stimulus and convener toward implementation of cooperation and utilization.

2. Program Review and Evaluation (951, Subd. 6)

The Committee found that its review/evaluation role was perforce of less importance than that of stimulus and convener at this time for several reasons:

- a. The legislation focussed immediate attention only on existing programs and only insofar as they involved graduate education of physicians, particularly family practice physicians.
- b. Plans for expansion into programs for undergraduate medical students, baccalaureate nurses and allied health personnel were not current in a form that could be addressed by the Advisory Committee.
- c. Existing programs could not be studied adequately without paying simultaneous attention to such expansion plans.

- d. Indeed none of these issues could be reviewed and fully evaluated during the life-span of the Committee prior to acceptable implementation of the legislative prescriptions.
- e. In addition, during this period the County commission was taking steps to reorganize the internal structure of hospital administration so that it might better accommodate its own needs and those imposed by the legislation requiring that the hospital become in effect a health science campus and perhaps the focal point of an area-wide health science campus.

Nevertheless, the Advisory Committee can report several activities consistent with the program review portion of its charge.

First, the Committee reviewed documents relating to medical education programs at Duluth and Rochester, as well as the Higher Education coordinating Commission 1971 recommendations on medical education (Documents 1, 2, 3).

Second, the Committee heard reports with supporting documents on the Family Practice program and on other physicians' education programs at St. Paul-Ramsey Hospital (see Minutes 12/28/71, 1/28/72 and Documents 4, 7, 9). There was general approval of the progress reported.

Third, in relation to outstate and rural programs the Committee expressed approval for NAME's plan to present its proposal to the Educational Policies Committee of the University (see Documents 8, 20, Regional Medical and Allied Health Education Centers and minutes 1/28/72).

Finally the Committee moved to obtain inventory information on existing health education programs at St. Paul-Ramsey Hospital and in area health institutions. For medical education programs and for some allied health programs, this information was obtained in meeting reports (see Minutes 1/28/72, 3/18/72 and Documents 9, 12, 13, 16, 17). Through its cooperation with a recent study conducted under the auspices of the State Comprehensive Health Planning Agency, the Higher Education Coordinating Commission staff provided inventory information on allied health programs in all Minnesota institutions, as well as in hospitals (see Documents 24). This inventory includes a number of allied health education programs at St. Paul Technical-Vocational Institute, such as practical nursing for hospitals and institutions, medical lab assistant and others.

In sum, the Committee's review and evaluation charge remains partially fulfilled at this time. The Committee believes that this function is viable and necessary, and therefore should be continued.

3. Administration of Health Education Programs (851. Sec. 1)

The Committee remained cognizant of the force and wisdom in the the University's original suggestions concerning an effective sequence for establishing an administrative structure. On December 24, 1970, (see Document #27, University Position on St. Paul-Ramsey) a step-wise approach was recommended.

1. Make "substantial progress...toward meeting current expenses of the core medical education programs already in existence." The aim was to relieve support "from monies collected from patients." The

Committee applauded the resultant University budget request and the response of the legislature when it reviewed the programs in medical education and family practice.

2. The Committee also noted that the Hospital "curriculum...is closely integrated with that of the Health Science Center in Minneapolis", and is a flexible base "to permit extensive educational innovation" and "development...of substantial autonomous clinical health science programs coordinated with the programs of the Health Science Center in Minneapolis."

3. Subsequent steps should be "establishment of a health science faculty organization", "development of substantially autonomous clinical undergraduate medical programs coordinated with the programs of the Health Science Center in Minneapolis", and inauguration of an "educational policy committee [related] to the office of the Vice President for Health Sciences."

For reasons previously mentioned, the Committee reviewed proposals for a structure and organization adequate to accommodate the developments requested by the legislature. These proposals were developed by the governing bodies involved and the Committee reviewed the proposals, acted as a sounding board, and helped in convening the appropriate persons for thorough discussion of acceptable administrative arrangements.

In this respect, the four broad areas concerned relationships between the Regents and the County commission, between the University health sciences administration and the hospital administration, between the various functions within St. Paul-Ramsey Hospital, and between area health education institutions.

During its deliberations the Committee discussed these types of relation and reviewed the several reports germane to each (see Documents 5, 6, 10, 11).

The Committee can report its general satisfaction with progress in each area, particularly as this progress, in the opinion of the Committee, appears to be consistent with the legislative intent concerning educational development. At the same time, the Committee remains keenly aware of the critical nature of negotiations in each area so that educational development may be accomplished according to legislative intent. Consequently, the Committee urges a continued monitoring of this progress, at least during the coming biennium.

4. Planning and Development of Medical Education at Saint Paul-Ramsey Hospital (851, Sec. 1)

The Committee reviewed the scope and plans for development of the programs at Saint Paul-Ramsey Hospital as prepared by the Saint Paul-Ramsey Hospital based faculty and endorses them (see Documents 5, 6). The Committee reviewed the development of the Saint Paul-Ramsey Hospital based faculty organization and approves the proposals to expand this organization to include other east metropolitan based University Health Science faculty.

The Committee reviewed the scope and plans for development of graduate training of Family Physicians at Saint Paul-Ramsey Hospital and recommends continued support by the legislature.

The Committee reviewed a proposal to relocate the Gillette State Hospital to the Saint Paul-Ramsey Hospital site. The economies and efficiencies to the operation of both hospitals were noted. The

Committee determined that such a move would provide a unique opportunity to strengthen and develop two existing Saint Paul Health Science education programs at minimal cost and recommends that the legislature appropriate funds to finance its fair share of state service and health education expenses involved.

The Committee reviewed the effect of the appropriations of the 1971 legislature of funds for undergraduate medical education at Saint Paul-Ramsey Hospital. The allocation of these funds by the University were determined to be in accordance with legislative intent. The principle was established that the funds were allocated to where the students were being educated. The Committee determined that this funding was indeed necessary to carry out the legislative intent and recommends that the 1973 legislature continue financial support of undergraduate medical education at Saint Paul-Ramsey Hospital.

5. Utilization of Area Health Institutions (851, Subd. 3)

The Advisory Committee was able to stimulate a representative examination of the feasibility of utilizing area health institutions as to a coordinated, cooperative health education system in association with Saint Paul-Ramsey Hospital.

To this end, the Committee contacted the Boards and Chief administrators of each Saint Paul hospital and invited attendance at a special Committee meeting held at the State Capitol on August 18, 1972. (See minutes 8/18/72). The invitees were requested to report on existing health education programs. They were also apprised of the proposal for coordination and asked to comment (see Document #25).

The comments were generally favorable. Some institutions expressed

reservations, seeking assurances of equitable participation and inclusion of all health education at all levels including vocational programs (see Minutes 3/18/72 and Documents 12, 13, 15, 16, 17, 26). Many felt that legislative support would be essential to success and that a coordinated approach to the legislature would be most effective.

As a result, a joint meeting was held at Saint Paul-Ramsey Hospital on September 11, 1972. The Chairman of the Advisory Committee, Mr. Moore, advised the participants of the issues and urged inter-institutional cooperation. The participants agreed to establishment of an ad hoc committee to discuss the principle of cooperation and coordination. Subsequently, the ad hoc committee produced a resolution concerning coordination and a proposed structure for cooperation.

The resolution also stated that the Advisory Committee might be the appropriate vehicle to encourage further action to implement the resolution. (see Documents 18, 21).

In effect, implementation would create an East Metropolitan Health Sciences Coordinate Campus. It would provide, expand and coordinate didactic and clinical health education opportunities in the Ramsey County area with staff and facilities now existing or proposed in the participating institutions. If the legislation remains in effect, this would be done mainly through "on-site administration, planning and development" provided by the Regents, but in a cooperative arrangement with the Ramsey County Hospital and Sanatorium Commission. This could not occur, however, without equitable participation of the area health institutions, if the ad hoc resolutions are implemented. One of the main functions of such an arrangement would be the presentation to the legislature of a

unified, systematic plan and request for funding.

In the temporary absence of a detailed proposal reflecting plans, organization, programs, resources and funding to implement an East-Metropolitan Health Sciences Campus, the Advisory Committee endorses the substance and concept herein described which follows:

POLICY STATEMENT TO THE LEGISLATIVE ADVISORY COMMITTEE AS APPROVED

OCTOBER 16, 1972

- I. The subcommittee of the Legislative Advisory Committee met to consider the feasibility and the desirability of the formation of an East Metropolitan Area Health Science Campus. The Saint Paul hospitals represented were: United Hospitals, Inc., Saint Joseph's Hospital, Bethesda Hospital, Children's Hospital, Saint John's Hospital and Saint Paul-Ramsey Hospital.
- II. This subcommittee agreed that it is desirable that an East Metropolitan Area Health Science Campus be established. It sees such an organization as being necessary to coordinate efficiently the efforts at undergraduate medical education in the medical centers presently involved. There is every reason to expect that this will be even more necessary in the future with the anticipated expansion of medical education and the need for larger clinical facilities thereby. It should be better able to develop programs to meet the newly emerging needs of the community.
- III. The East Metropolitan Health Science Campus, in order to be viable, must be organized in a democratic fashion. The subcommittee feels that any hospital in this geographic area involved in medical education should have the opportunity to be represented in this body and must then have a participative voice in the decision-making process governing the group. The decisions involving both matters of educational content and direction, and those of financing must be arrived at in this democratic manner. Whatever formula used to determine financing for undergraduate medical or other health career education must be applied equally to all participating medical centers. The decisions that direct the disbursement of such funds must take into account the capabilities and qualities of the centers under consideration. It is understood that no one institution will take over the identity of the Health Science Campus but rather that it will remain an amalgamation of all the centers involved.

- IV. The subcommittee further expressed the conviction that if the East Metropolitan Health Science Campus is to redound to the benefit of all medical education in the community at large, it must have a voice in the decisions involving educational direction in Saint Paul and should have a voice at all levels of the Health Sciences. The details of this participation are left to be worked out by the parties concerned in the spirit of good will and cooperation, assisted by direction from the legislature where it seems appropriate.
- V. The subcommittee feels that the Legislative Advisory Committee represents an ideal vehicle for not only carrying these recommendations forward to the Regents but also to serve the purpose of answering the questions the legislature will have when this matter is discussed before that body.

Epilogue

The Advisory Committee expresses its thanks to the legislature for permitting this experiment to determine the feasibility of novel arrangements in delivery of all types of formal health education programs. In the opinion of the Committee, at least the feasibility has been demonstrated, and the Committee is gratified to have been a part of this effort.

In so brief a time span, it could not be expected that movement between feasibility and implementation could have been fully completed. Nevertheless, the Committee is confident that all signs of eventual success are present. If the Committee has stimulated a small part of this progress, its work has been well rewarded.

At the same time, the Committee is convinced of the continuing need, at least for the next biennium, of the functions it sought to serve: conveyor, reviewer and evaluator, stimulator and monitor. These functions pertain to organization as well as to programs and are in protection of the legislative intent. The Committee therefore urges that these functions

be preserved.

Finally, the Advisory Committee commends and thanks the many individuals, institutions and organizations which aided and participated in its deliberations, and in particular the two governing bodies most directly affected: the University Board of Regents and the Ramsey County Hospital and Sanatorium Commission.

INVENTORY OF DOCUMENTS

The St. Paul-Ramsey Hospital Advisory Committee has received several documents from various members or people attending the meetings.

- DOCUMENT 1 -- 1969 Session Laws, 1971 Session Laws and Chapter 851-House File No. 1099
- DOCUMENT 2 -- Statement of Recommendations on Medical Education, March 1971
- DOCUMENT 3 -- Proposal for the Establishment of a Medical Education Program at the University of Minnesota, Duluth, October 1970
- DOCUMENT 4 -- Family Medicine Residency
- DOCUMENT 5 -- Flow chart presented by Dr. Perry on the faculty organization at St. Paul-Ramsey Hospital.
- DOCUMENT 6 -- Proposed Constitution for Organization of University of Minnesota Health Sciences Faculty Members at St. Paul-Ramsey Hospital, November 18, 1971
- DOCUMENT 7 -- Current Activities in Medical Programs, St. Paul-Ramsey Hospital
- DOCUMENT 8 -- A Proposal for Developing and Establishing Regional Medical and Allied Health Education Centers, Davitt A. Felder, M.D., President, NAME, January 1972.
- DOCUMENT 9 -- "Current Activities in Medical Programs, St. Paul-Ramsey Hospital"
- DOCUMENT 10 -- Letter to Mr. Ettel from John Milton, Cecil March and Robert Gumnit, M.D. plus a report on the relationship between the Hospital Commission and the Medical Education and Research Foundation, January 1972.
- DOCUMENT 11 -- Memorandum to Members of the Faculty Subcommittee on Long Range Planning from Robert J. Gumnit, M.D., Subcommittee Chairman, regarding Development of St. Paul Health Science Campus and an enclosure, June 7, 1972.
- DOCUMENT 12 -- Report to the Advisory Committee for St. Paul Health Science Campus from the Children's Hospital, St. Paul, August 15, 1972.
- DOCUMENT 13 -- Memorandum to Richard A. Moore, Chairman, from Jean D. Conklin, Administrator, Gillette Children's Hospital, regarding the St. Paul Health Science Campus, August 13, 1972.

- DOCUMENT 14 -- Letter to Mr. Richard A. Moore, Chairman, from George C. Power, Jr., United Hospitals, August 4, 1972.
- DOCUMENT 15 -- Letter submitted to the Higher Education Coordinating Commission from Kenneth J. Holmquist, Administrator, Bethesda Lutheran Hospital, August 18, 1972.
- DOCUMENT 16 -- Letter to Mr. Richard A. Moore, Chairman, from G. Theodore Mitau, Chairman, Education and Training Committee, regarding St. Paul Health Science Conference, September 22, 1972.
- DOCUMENT 17 -- Memorandum plus two enclosures to Richard A. Moore, Chairman, from S. W. Damberg, M.D., Chairman, Education Committee, regarding St. Paul Health Science Campus, October 5, 1972.
- DOCUMENT 18 -- Addendum to the Proposed Draft Statement to the Legislative Advisory Committee, October 1972.
- DOCUMENT 19 -- Memorandum to Members of the Advisory Committee on Medical Education Programs at St. Paul-Ramsey Hospital from Richard C. Hawk, Executive Director, Higher Education Coordinating Commission, regarding Advisory Committee Meeting at 10:00 a.m., November 24, 1971, November 9, 1971.
- DOCUMENT 20 -- Memorandum to St. Paul-Ramsey Hospital Advisory Committee on Medical Education Programs from Ronald A. LaCouture, Executive Administrator, NAME, regarding NAME Proposal for Development and Establishing Medical and Allied Health Education Centers, January 14, 1972.
- DOCUMENT 21 -- Memorandum to Representatives to the Legislative Advisory Committee of Various Metro Hospitals, from John F. Perry, Jr., Chairman, Faculty Steering Committee, St. Paul-Ramsey Hospital, regarding ad hoc Committee Meeting, October 9, 1972.
- DOCUMENT 22 -- Membership of Advisory Committee on Medical Education Programs at St. Paul-Ramsey Hospital.
- DOCUMENT 23 -- Letter to Mr. Rolland F. Hatfield, State Auditor from C. T. Johnson, Assistant Vice President at the University of Minnesota, May 22, 1972.
- DOCUMENT 24 -- Memorandum to Members of the Advisory Committee on Medical Education Programs at St. Paul-Ramsey Hospital from Dr. Donald P. Draine, Assistant Executive Director of Academic Planning regarding Inventory of Allied Health Programs in Minnesota, November 7, 1972.
- DOCUMENT 25 -- List of invitees and copy of invitation Letter sent to various metro hospitals from Richard A. Moore, Chairman, July 14, 1972.

continued--

- DOCUMENT 26 -- Letter to Mr. Moore, Chairman, from S. W. Danberg, M.D. St. Joseph's Hospital, October 23, 1972.
- DOCUMENT 27 -- Letter to Dr. Draine, Director of Academic Planning, Higher Education Coordinating Commission, from Raymond Davoli, Assistant Principal, St. Paul Area Technical-Vocational Institute, November 16, 1972.
- DOCUMENT 28 -- University Position on St. Paul-Ramsey, December 24, 1970.

AGREEMENT OF AFFILIATION

Between the Board of Regents of the University of Minnesota
and Saint Paul-Ramsey Hospital and Medical Center commencing January 1, 1969:

Department/Service

Effective from:

Addendum No:

Pharmacy

January 1, 1971

Through:

December 31, 1971

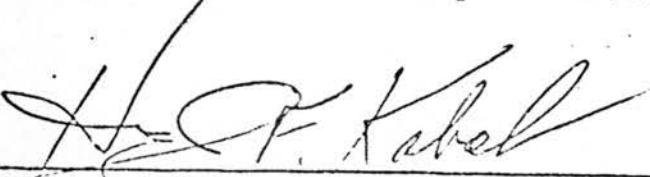
Faculty Assignment:


Dr. Martin Jinks will be based at Saint Paul-Ramsey Hospital with primary responsibility in the patient care environment. He will round with teams, monitor drug therapy and attend clinical conferences. Development of the Drug Information Center, newsletter, nursing instruction and medication errors surveillance would appear to be the natural outgrowth of this activity. His faculty responsibilities will include committee assignments and campus departmental meetings from time to time. Saint Paul-Ramsey Hospital will be responsible for one half of his salary (\$7,150) plus 10.8% fringe benefits (\$722) between January 1, 1971, and December 31, 1971.

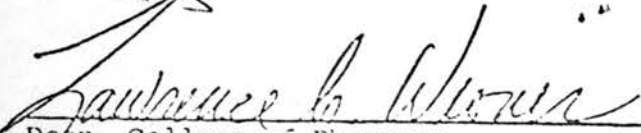
Dr. Jinks will receive University of Minnesota stipend through the University of Minnesota, with quarterly billing to Saint Paul-Ramsey Hospital.

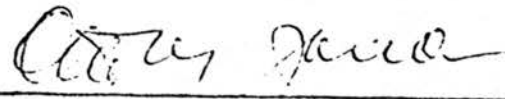
FOR Regents of the University of Minnesota:

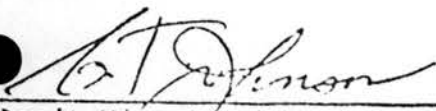
FOR Saint Paul-Ramsey Hospital and
Medical Center:


Department Head


Chief of Service


Dean, College of Pharmacy


Executive Director and Superintendent


Ass't Vice President,
Business Administration

C. T. JOHNSON OCT 2 1970