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Hospital and Medical Center Records.

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St. Paul-Ramsey Medical Center

640 Jackson Street

Saint Paul, Minnesota 55101

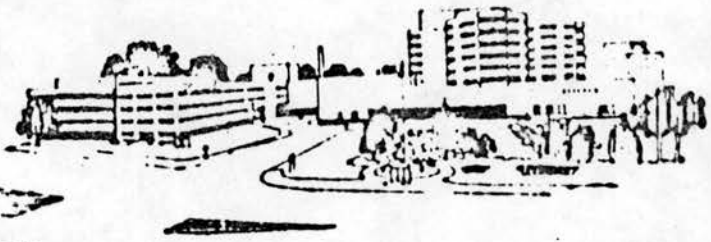

(612) 221-3456

A G E N D A

PLANNING AND DEVELOPMENT COMMITTEE MEETING
Wednesday, March 16, 1983 - 4:00 p.m.
Administrative Conference Room

- | | <u>Page(s)</u> |
|--|-----------------------------|
| 1. Approval of the minutes of the February 9, 1983 meeting | 1-3 |
| 2. Progress report on Minnesota State Poison Control Center based at St. Paul-Ramsey Medical Center - Reapplication for state designation is due at the end of March | Mr. Meyer 4-49 |
| 3. Report on Senior Health Plan, Inc. | Mr. Gitch 50-52
Mr. Nye |
| 4. Institutional Identity Program for Medical Center - Presentation of Conceptual Plan | Mr. Ivarson 53 |
| 5. Schedule of meeting date and agenda for joint meeting with Gillette Children's Hospital Board. | Mr. Gitch
Mr. Culbertson |
| 6. East Metro Hospitals Trustees Update (including joint statement with West Metro Trustees Council on cost containment strategies). | 54-61 |
| 7. American Hospital Association technology update - executive briefing | 62-64 |
| 8. Health Resources, Inc. response to SPRMC's letter of support on phased relocation of St. John's Hospital. | 65 |
| 9. Other new business | |
| 10. Next meeting date - April 13, 1983 | |
| 11. Adjournment | |

KINDLY CONTACT VIRGINIA SNELL AT 221-2185 IF YOU ARE UNABLE TO ATTEND THIS MEETING.



St. Paul-Ramsey Medical Center

640 Jackson Street

Saint Paul, Minnesota 55101

(612) 221-3456

PLANNING AND DEVELOPMENT COMMITTEE

MINUTES OF MEETING

February 9, 1983

Administrative Conference Room

PRESENT: Mr. Donald Salverda, Chairman
Brian Campion, M.D.
Mr. Jerry Nye
Ms. Patricia Durkin
Mr. Harry Moberg
Mr. Michael F. Ettel
Mr. William Riley
Ms. Jackie Huebsch
Mr. David W. Gitch

John Scanlan, M.D.
Ms. Marlene Marschall
Robert O. Mulhausen, M.D.
Ms. Rochelle Wright
Mr. Roland Wilsey
Frank W. Quattlebaum, M.D.
Homer Venters, M.D.
Mr. Richard A. Culbertson

MEMBERS ABSENT: Ms. Leona Quinlan

The meeting was called to order at 4:05 p.m. by Chairman Salverda.

1. Approval of minutes of January 12, 1983 meeting.

MOTION:

Mr. Ettel moved and Ms. Durkin seconded that the Committee approve the minutes of the January 12, 1983 meeting. The motion carried.

2. Review and approval of goals and objective statement submitted to Planning and Development Committee in January for transmittal to the Commission at its February meeting.

Mr. Culbertson noted that these priorities are an elaboration of areas identified at the December 8 Special Planning Conference and were brought back to the Planning Committee with modifications in text as requested at the January 12 meeting of the Committee. Mr. Salverda requested that the goals begin with a preposition and the objectives be dated.

Discussion centered around the feasibility of undertaking major capital projects.

MOTION:

It was moved by Ms. Wright and seconded by Mr. Ettel that the Committee approve the goals and objective statement with staff to incorporate changes as requested by the Committee. This statement will be transmitted to the Commission for its February meeting. The motion carried.

3. Proposed Joint Meeting With Gillette Children's Hospital Board.

At a recent meeting of the Gillette Board it was suggested that a joint meeting be held with St. Paul-Ramsey for a joint sharing of ideas. Mr. Culbertson outlined considerations for such a meeting with a proposed agenda.

MOTION:

After discussion, it was moved by Mr. Wilsey and seconded by Ms. Wright that staff be directed to set up a luncheon meeting some time in April with our Planning Committee and Gillette's Planning Committee for a joint sharing of ideas. The motion carried.

1

4. Presentation on Energy Park Wellness Center Project in Conjunction with
AHW Corporation.

St. Paul-Ramsey received a request from the AHW Corporation to submit a proposal for wellness at Energy Park. Dr. Brian

Campion, Jerry Nye and Jackie Huebsch prepared and submitted a proposal which was chosen by AHW over similar proposals from Health Central, St. Joseph's Hospital, SHAPE, and United Hospitals. During the past five months staff has been involved in negotiations with AHW to evaluate alternative ways of organizing, financing and delivering an innovative program at Energy Park. A special meeting of medical center commission members was held on Tuesday, February 8 to review the results of the negotiations to date. A summary of that meeting was presented by staff beginning with an overview of Energy Park and the AHW Corporation by Dr. Campion.

Mr. Nye presented the current thinking on organization and financing of the project. Basically AHW and St. Paul-Ramsey would create a new, not for profit corporation for the purpose of operating a community based recreation wellness and rehabilitation center Engery Park. AHW would construct the facilities using dollars already obtained through the Urban Development Action Grants and St. Paul Port Authority, and lease this space to the new corporation. A brief review of the preliminary financials related to the development year and the first three years of operations was presented. It is anticipated the project would experience a net loss from operations during the first two years and turning to a positive net position beginning year three and thereafter. Financing the development year and first two years of operating loss might come from a number of sources which were reviewed.

Discussion centered around the type of facilities to be created and its marketability in that particular location. The current design established by AHW and St. Paul-Ramsey staff calls for a \$4.5 million center including indoor tennis, racquetball, running track, swimming pool, nautilus center, exercise and fitness testing, rehabilitation, nutrition center, health education, restaurant, pro shop, etc. A market feasibility study is being conducted and is based on data similar to that used by AHW in developing Bandanna Square (the retail/entertainment center) housing and industry which will draw 2500 permanent residents and employ over 6,000. AHW has employed two individuals with significant experience in recreation facilities, development and management and have assigned them to this project.

This information was brought to P. & D. for discussion and concept approval and a more formal proposal will be brought to the committee in March or April.

5. Review of Hospice Report and Legislative Developments

Bill Riley presented the findings from the preliminary feasibility study for a hospice at the Medical Center. There are three principle reasons to explore the possibility of a hospice at this time: (1) federal legislation was recently enacted which establishes a reimbursement policy for Medicare beneficiaries, (2) physicians at the Medical Center support a hospice modality for their patients and (3) hospices may provide an innovative alternative for delivering quality care to terminally ill persons.

The study investigated mortality in the service area preceded by terminal illness, perceived need by patients and their families in Ramsey County and Medical Center utilization figures. The findings show there appears to be adequate volume to warrant a hospice at the Medical Center. The study recommends close scrutiny of the regulations for the federal hospice legislation and continued investigation into the possibility of sponsoring a hospice at the Medical Center.

6. Summary of MHA position of Health System Reform

Mr. Gitch reviewed material from a major paper completed as part of the task force of the Minnesota Hospital Association which met over six months ago. The task force is charged with taking a look at the structure of the future health system of the state under competitive conditions. The paper is done and has been presented in a draft form to the board members of the MHA and around the State of Minnesota. The MHA Board is going to be taking some formal action on the report probably in April or May. Don Wegmiller was chairman of this task force and has had a fair amount to do with the prospective reimbursement program that the American Hospital Association has proposed. It may be well to have him out with this group or one of our settings to talk about this.

The committee agreed it would be appropriate to invite Mr. Wegmiller to address a future meeting of the Planning and Development Committee on this as well as our partnership with Health Central and Wilder in the S.M.C. Corporation.

There being no further business, the meeting was adjourned at 5:40 p.m.

Respectfully submitted,

Virginia M. Snell
Recording Secretary

Donald Salverda
Chairman

FOR APPROVAL

FROM:
Senior Health Plan, Inc.
919 Lafond Avenue
St. Paul, Minnesota 55104
George Halvorson (612) 642-4000

For Release on Thursday, February 24, 1983

COMPREHENSIVE HEALTH
PLAN FOR SENIORS FORMED

Three major Twin Cities providers of health care and human services have joined together to pioneer a new, comprehensive health concept for senior citizens.

The three organizations -- The Health Central System, Minneapolis; St. Paul-Ramsey Medical Center, and the Amherst H. Wilder Foundation, both in St. Paul -- have formed a jointly owned corporation called Senior Health Plan, Inc., to provide services under the new approach.

George C. Halvorson, formerly senior vice president of marketing for Blue Cross and Blue Shield of Minnesota, has been named president of the new corporation.

David Gitch, executive director for the St. Paul-Ramsey Medical Center, has been named chairman of the board.

Financing for Senior Health Plan will be provided by Altcare, a health project funding company jointly owned by the Wilder Foundation and General Mills, Inc., which was announced February 16.

The basic product of the new corporation will be "a comprehensive health care and social services package with benefits ranging from hospital care to long-term nursing home care and including such things as visiting nursing services and even light housekeeping assistance for seniors," Gitch said in a statement announcing the formation of the new company.

(more)

50

"Dozens of programs -- maybe hundreds -- exist to serve the senior population. But those programs aren't coordinated as well as they should be -- and far too often our older Minnesotans find themselves confined to a nursing home when they could be taken care of more comfortably in their own homes with the proper assistance.

"Our goal," Gitch added, "is to provide the kind of personal assistance that will help seniors to live the most independent and self-sufficient life possible -- and, at the same time, provide them with needed care."

Halvorson, who headed Blue Cross's HMO Minnesota for four years, said that the program would resemble an expanded version of a health maintenance organization (HMO).

"We'll offer the same kinds of doctor and hospital care that an HMO does," Halvorson said, "but we'll go several steps further by integrating health services with various social services to fit seniors' needs.

The three sponsoring organizations all now provide services to the senior population.

St. Paul-Ramsey Medical Center has a Senior Care Center, and serves as the teaching arm of the University of Minnesota Medical School's geriatric program. It also provides medical services to nursing homes and provides consultation in geriatric medicine.

The Wilder Foundation is a charitable operating foundation devoted exclusively to providing health and welfare services to residents of the greater St. Paul metropolitan area. Since 1906, the foundation has spent more than \$73 million of its trust endowment and investment income to promote the social welfare of the poor, sick and aged. During fiscal 1981-82, Wilder spent more than \$19 million to operate human service programs in the

St. Paul area. Of this amount, more than \$9 million was spent on services to the elderly.

Health Central, among the largest health care management and service organizations in the U.S., owns or manages 20 hospitals and nursing care facilities in the Upper Midwest and affiliates with more than 200 independent health care facilities in 16 states under a broad program of shared services. Under its department of aging services, Health Central sponsors or manages three special housing projects for the elderly in Minnesota. A fourth will open soon.

Other directors named at the initial Senior Health Plan shareholder board meeting include: Harry Moberg and Dr. Frank Quattlebaum, representing St. Paul-Ramsey; the Rev. Mary Bigelow McMillan, Thomas Kingston and Steven Nielsen, representing Wilder, and Jerry Blume, James Rice and Donald Wegmiller, representing Health Central. Kingston was elected vice chairman and treasurer, and Blume will serve as secretary. Wegmiller is president of Health Central.

An announcement of specific benefit packages, costs, and implementation timetables will be made in late spring.

The project has agreed to a contract with the federal government that will allow it to enroll Medicare recipients as HMO's are now doing.

#

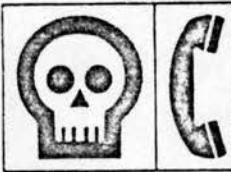
See 8 page 10

MINNESOTA POISON CONTROL SYSTEM

QUARTERLY REPORT

OCTOBER 1, 1982 - DECEMBER 31, 1982

Minnesota
Poison
Control
System



Member American Association of Poison Control Centers

1-800-222-1222 (toll free—Statewide)

221-2113 (Twin Cities)

Co-Medical Directors
Samuel W. Hall, Jr. M.D.
Kusum Saxena, M.D.

Managing Director
Rick Kingston, Pharm. D.

February 3, 1983

MEMORANDUM

TO: John Scanlan, M.D.
David Gitch
Frank Quattlebaum, M.D.

FROM: Samuel Hall, M.D. }
Kusum Saxena, M.D. }
Rick Kingston, Pharm.D. }

SUBJECT: MINNESOTA POISON CONTROL SYSTEM 1st QUARTER REPORT

Enclosed is a copy of the First Quarter Report of the Minnesota Poison Control System.

We believe that you will agree with us that much has been accomplished in a short amount of time. None of this would have been possible without your support as well as that of other center staff.

We look forward to your continued support and advice. Please contact us if you have any questions, comments, or suggestions.

Enclosure

SH:kk

cc: Richard Culbertson
Ms. Marlene Marshall
Craig Suwinski
Robert Mulhausen, M.D.
Jerry Nye
Paul Johnson, M.D.
Members of the Toxicology Committee
James Cicero, M.D.

FEB 7 1983

4

PROGRESS AND ACTIVITIES OF THE MINNESOTA POISON CONTROL SYSTEM

I. Telephone Information Services and Data Collection

During the period of time October 1, 1982 - December 31, 1982, the Minnesota Poison Control System provided direct toll-free telephone poison information service to the general public and health professionals in the State of Minnesota. Telephone inquiries have been answered 24-hours each day by pharmacists trained as poison information specialists. Calls requiring indepth toxicologic experience were referred to staff toxicologists providing 24-hour back-up to the poison information specialists. All cases of poison exposure treated at home were monitored by poison information specialists through a call back system outlined in each case data sheet.

Medical direction of the program has been provided by 2 co-medical directors, Samuel Hall, M.D. and Kusum Saxena, M.D., both of whom are board certified in medical toxicology. These co-medical directors share the ultimate responsibility for the program. Medical supervision of the service has been jointly provided by the two co-medical directors and a third physician, Dr. Caroline McKay from the Department of Pediatrics. These physicians together with the managing director of the Center, Richard Kingston, Pharm.D., have:

1. supervised telephone poison case managements
2. designed treatment and referral protocols
3. reviewed and studied the clinical experience of the Center
4. designed a quality assurance program, and
5. conducted numerous inservice training programs as well as one-to-one instruction for poison center staff

In addition to these duties, Dr. Sam Hall has maintained responsibility for all liaison activities with other physicians and health care consultants.

* { The MPCS has maintained a 24-hour per day consultant list for 29 toxicology related specialist, outlined by the Minnesota Department of Health. Other consultants required on at least a daily basis have also been identified.

A data summary for the first quarter of operation follows:

TABLE OF CONTENTS

PROGRESS AND ACTIVITIES OF THE MINNESOTA POISON CONTROL SYSTEM

	<u>Page</u>
I. Telephone Information Services and Data Collection	1-3
II. Public Education/Awareness Programs	4-16
• Introduction	4
• Poison Information Survey	4-5
• MEA Survey	5-6
A. Specific Awareness/Education Programs	7-16
1. Media Coverage	7
a. Halloween Guidelines for Safe Trick or Treating	7
b. Holiday Food Poisoning Risks	7
c. Christmas Poison Hazards	7
2. Printed Education Materials	8
3. Plants that Poison	9
4. Special Events/Health Fairs	9-10
5. Northwestern Bell Mailer	10
6. American Red Cross/MPCS Joint Program	11-13
a. First aid for Little People	11
b. Health and Safety Course for Primary Grades	11-12
c. Basic Aid Training (B.A.T.)	12
7. Ronald McDonald Pediatric Education Program	13
8. Puppet Show Production	14
9. MPCS Speakers Bureau	14-15
10. Syrup of Ipecac Promotion	15-16
11. Public Service Announcements	16
III. Professional Education Programs and Strategies	17-18
A. Professional Mailing	17
B. Identification of Contact Personnel	17
for Professional Education	
C. Professional Education Presentations	17-18
1. Outside SPRMC	17
2. Inside SPRMC	18

...more...

	<u>Page</u>
IV. Outside Resource Collaboration (HCMC/MPCS)	19-21
V. Financial Report	22
VI. Pursuant of Additional Funding	23-24

Appendices I-VI

DATA COLLECTION REPORT

Total number of calls 4,926

Total number of potential
poison exposures 1,771

Age (exposures)

<1 = 112 (7.3%)
1-5 = 978 (64.4%)
6-17 = 147 (6.1%)
>60 = 33 (2.1%)

Sex (exposures)

Male - 843 (49%)
Female - 842 (49%)
Animal - 20 (1.4%)

Caller Type

Patient 367 (7.4%)
Family member 1327 (26.9%)
Friend 83 (2.0%)
General public inquiry 2744 (55%)
Health professional 405 (8.22%)

Call Type

Acute exposure 1276 (27.4%)
Chronic exposure 38 (2.0%)
Nontoxic exposure 457 (9.8%)
Drug information 85 (2.0%)
General poison info. 2800 (60%)

Caustive Agent

Medications 609 (34%)
Pesticides/herbicides 39 (2.2%)
Food 207 (11.6%)
Plants 130 (7.3%)
Caustics 59 (3.3%)
Petrolleum Dist. 124 (7.0%)
Chemicals 387 (21.8%)
Drug of abuse (illicit) 50 (3.0%)
Miscellaneous 266 (15.0%)
Nontoxic ingestion 324 (18.0%)
Soaps/detergents 109 (6.15%)

Number of Substances Involved

1 1599 (89.3%)
2 118 (6.6%)
3 40 (2.3%)
4 14 (0.8%)

Exposure Type

Accidental 1237 (51.0%)
Intentional 456 (18.8%)
Suicide 61 (2.5%)
Abuse 7 (0.3%)
Environmental 31 (1.3%)

Route of Exposure

Ingestion 1617 (91.0%)
Inhalation 118 (6.6%)
Eye 71 (4.0%)
Injection 5 (0.3%)
Skin 50 (3.0%)
Bite 3 (0.2%)

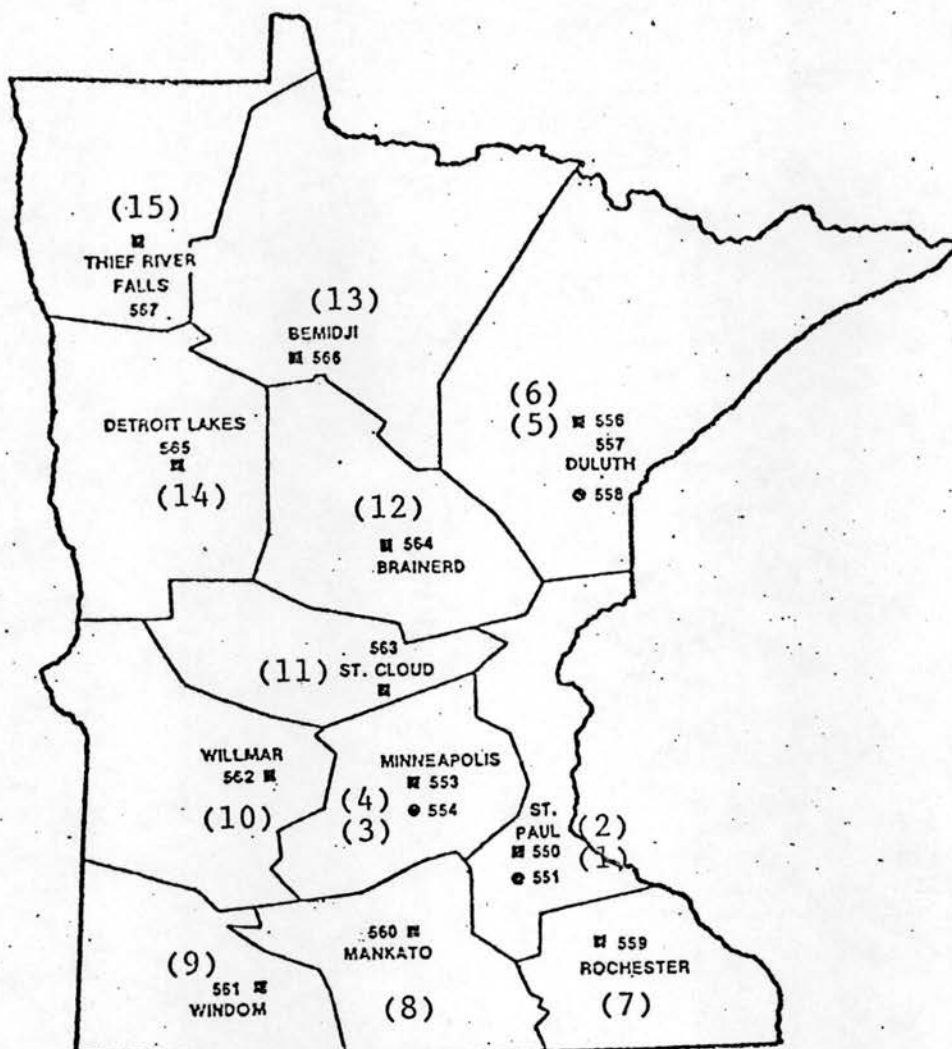
Referrals (exposures)

Toxicology 164 (9.2%)
staff 87 (4.9%)
Private M.D. 91 (5.1%)
Hospital/ER 124 (7.0%)
Other Prof. 43 (2.4%)

Mean Amount of Time Per Call

8.2 ± 6.1

MINNESOTA



Origin of Calls

Region	(1) St. Paul (City)	870	49.3%
Region	(2) St. Paul (Area)	305	14.3
Region	(3) Minneapolis (City)	125	7.0
Region	(4) Minneapolis (Area)	65	3.7
Region	(5) Duluth (City)	4	0.2
Region	(6) Duluth (Area)	49	2.6
Region	(7) Rochester (Area)	9	0.5
Region	(8) Mankato (Area)	38	2.2
Region	(9) Windom (Area)	114	6.5
Region	(10) Willmar (Area)	67	3.8
Region	(11) St. Cloud (Area)	77	4.4
Region	(12) Brainerd (Area)	12	0.7
Region	(13) Bemidji (Area)	9	0.5
Region	(14) Detroit Lakes (Area)	6	0.3
Region	(15) Thief River Falls (Area)	14	0.8

22.4%
Outstate

*Why so many
St Paul &
few Mpls 3*

II. Public Education/Awareness Programs

During the first phase of public education and awareness, the Minnesota Poison Control System (MPCS) took steps to identify the needs of the population we were to serve. Our first goal was to attempt to determine how the public dealt with the problem of human poisoning. During the 1982 Minnesota State Fair, St. Paul Ramsey Medical Center joined with the Minnesota League of Cities to man a community service booth for free hearing testing. Minnesotans from around the State participated in this health screening program. Test participants were asked to fill out a short hearing questionnaire and a poison control survey prior to their free hearing test. Questionnaires were completed by 1400 Minnesotans. The questions and results of the survey are as follows:

Poison Information Survey

- Which county do you live in?
 - 58% Metro Area
 - 42% Outstate
- If a poisoning emergency occurred in your home, who would you call for help?
 - 21% family doctor
 - 2% local pharmacy/pharacist
 - 27% local hospital/emergency room
 - 15% police/paramedics
 - 33% poison center
 - 2% other, please specify
- If a poisoning emergency occurred in your home would you use a toll-free telephone number to call a Minnesota Poison Center for help if it were available?
 - 90.5% Yes
 - 9.5% No
- How do you get information about poisons and poison prevention?
 - 43% ask my doctor
 - 40% ask my pharmacist
 - 15% ask my relatives and friends
 - 48% read package labels
 - 38% read articles
 - 15% contact a poison center
 - 5% attend community programs
 - 2% other, please specify
- Do you have Syrup of Ipecac in your home?

- Family with children less than 10 yrs.	15% Yes	85% No
- Family without children	7% Yes	93% No

X

Based on the results of our survey, we felt it would be imperative to make citizens aware of poison control services in the State and the role of the Poison Control Center. Additionally, it was apparent that consumers currently get general poison information from a number of resources. Rather than replace existing resource channels, we chose to strengthen the local systems by cooperating with established health care programs throughout the State. The most cost effective program would entail using poison center staff to teach and inform educators to carry the message to the public. Our programs thus far have been designed to increase awareness of poison control services and teach the public to "Be Prepared to Save a Life".

In addition to concentrating on public awareness, MPCS also has a commitment to Pediatric Education. During the planning stages of our Pediatric Education program, the MPCS conducted an elementary school teacher survey to assess their interest and concern about elementary poison education. This survey was conducted at the Minnesota Education Association (MEA) annual convention in Minneapolis, October 21-22, 1982. Two-hundred educators participated. The following questions were asked and the results tabulated:

MEA Survey

- Do you feel well informed on the problem of accidental poisoning (i.e., how many, why they occur, what is taken, prevention activities, etc.)?
 - 12% Yes
 - 37% No
 - 50% Somewhat
- Is a formal poison prevention and awareness curriculum available at the school where you teach?
 - 9.6% Yes
 - 90.3% No
- Do you feel such a formal curriculum is necessary?
 - 96% Yes
 - 4% No

MEA Survey (cont...)

- How much school time should be devoted to the subject of poisons?
 - 8.5% Less than one hour
 - 47.0% One to three hours
 - 23.0% Four to six hours
 - 8.5% Greater than six hours
- Would you consider using a standardized poison/awareness curriculum developed by the Minnesota Poison Control System in conjunction with the Minnesota Department of Education or would you rather develop your own?
 - 91% Poison Center/Minnesota Department of Education
 - 7% Own
- We are considering using "Ronald McDonald" in a slide/cassette program to teach poison prevention and awareness to elementary school children. Would you support the use of this program?
 - 85% Encourage it use
 - 6% Discourage its use
 - 9% No opinion

Among other things, the results suggested to us that elementary educators are interested in poison programs for their classes. Additionally, they feel that a formal poison curriculum is necessary. It would appear that providing these educators with a formal poison curriculum that they could use would be the most successful and cost effective method to teach poison concepts to this age group. Thus, our elementary education programs have been designed to effectively utilize our single largest and most accessible resource, Minnesota's elementary school teachers.

To utilize these educators most effectively, we have chosen to incorporate poison education into a larger more comprehensive topic, that of health safety and first aid. This will be done through a collaborated effort with the American Red Cross. A number of programs are listed as follows:

A. Specific Awareness/Education Programs

1. Media Coverage -

During the first quarter of operation the MPCCS was faced with a number of public poison emergencies, the most significant being the Tylenol tragedy. The MPCCS developed a successful working relationship with the media to keep Minnesotans informed.

During the first 24 hours of the tragedy, the Poison Center received and answered over 1,000 phone calls. The staffing pattern of the Poison Center facilitated a rapid and immediate response to consumer calls regarding Tylenol without compromising our response to actual poison cases. In addition to emergency press releases, pertinent general poison information news material was released to the media. Special news items were released on the following topics:

- a. "Halloween guidelines for safe trick or treating" -
These guidelines were jointly developed and distributed by the Minnesota Department of Education and the Minnesota Poison Control System. Over 2,000 school and day care centers received the guidelines and were asked to zerox copies and send them home with children grades K-6.
- b. "Holiday food poisoning risks" -
This news release jointly sponsored by the Minnesota Poison Control System and the University of Minnesota Agricultural Extension Office was circulated to all county extension offices for distribution as well as all media channels.
- c. "Christmas poison hazards" -
This news release was sent to all news media representatives emphasizing the poisonous nature of many holiday plants and decorations.

Samples of all news releases are contained in the Appendix. During the first quarter of operation, the MPCCS was the focus of 92 printed news articles and 36 television and radio interviews. The total cumulative inches of print is 1,012 inches.

2. Printed Educational Materials -

The Minnesota Poison Control System has developed six separate educational brochures including, What About Plants, What if a Poisoning Occurs, Syrup of Ipecac, Emergency Action for Poisoning, Common Household Poisonings, and Minnesota Poison Control System.

X { A new educational brochure has been developed and is jointly sponsored and paid for by the MPCS, Minnesota State Pharmaceutical Association, Minnesota Society of Hospital Pharmacists and University of Minnesota Drug and Information Center. This 8-page brochure is more comprehensive in nature and will deal not only with poison information, but include a section on common drug information questions. It is anticipated that the new brochure will replace some of the other materials. A number of versions will be pursued in the future so that other groups or hospitals may co-sponsor a version to fit their needs. As with all our materials, the new brochure will be available to consumers and health professionals free of charge. The distribution for this particular brochure is targeted for hospitals and community-based pharmacies throughout the State. Steps are being taken to have bulk quantities of this brochure available in late February 1983.

X { Stickers - MPCS has printed Poison Center telephone stickers with 3 stickers to a page. These stickers display the Poison Center name, logo and metro and toll-free telephone numbers. These stickers are specifically utilized for their poison awareness value to be placed on or near phones. They are not promoted as poison prevention symbols and should not be used to label potential poisons.

Cost - As with all our printed materials the cost is minimal and primarily determined by the price of paper. Inmates at the Minnesota State Prison printshop continue to provide all labor and design expertise free of charge as a community service. The MPCS pays only for the cost of materials and paper. All of our materials are designed in Minnesota, for Minnesotans.

3. Plants that Poison -

Our statistics suggest that plant poisoning and exposures is a concern in Minnesota. Almost every household has plants that may or may not be poisonous. The more confusing aspect is how poisonous the various plants may be. Despite the development of our brochure entitled What About Plants we have felt a more concentrated effort in plant education is necessary.

Most recently, the MPCS embarked on a new program designed to involve plant experts at the grass roots level. Through delicate negotiations with Minnesota's largest florist and nurserymen's group, the North Central Florist Association has agreed to cooperate and provide funding for a poisonous plant guide. The most significant aspect of the program is that florists statewide will distribute the brochure to prospective plant customers. Hopefully, this brochure will help educate consumers about poisonous plants prior to purchase at the point of sale. The program is jointly sponsored by the University of Minnesota School of Public Health, MPCS and North Central Florist Association. Dr. Marla Salmon White, Director of Public Health Nursing Program, School of Public Health University of Minnesota will be designing and implementing an evaluation system for the program. Additional information and results of this program will be available in the next quarterly report.

4. Special Events/Health Fairs -

During the first phase of the program a poster presentation was developed for use by Poison Center staff and other interested health professionals throughout the State. The theme of the presentation is "Poisons in the Home". Special emphasis is placed on recognizing what substances in the home can be poisonous.

4. Special Events/Health Fairs (cont...)

In addition to recognizing poisons in the home, emergency first aid for poisoning is outlined. This poster program is free for use by any interested group. Additionally, any group wishing to provide the program on a regular basis may receive their own poster set free of charge.

Four poster programs have been presented by the Poison Center staff this first quarter at the following special events:

1. Minnesota Education Association (MEA) Annual Convention
Minneapolis, Minnesota, October 21-22, 1982
2. Public School Educator Conference
Richfield, Minnesota, October 21, 1982
3. Walnut Grove Health Safety Fair
Walnut Grove, Minnesota, November 19, 1982
4. NCR-Compton Health Safety Fair
Roseville, Minnesota, December 14, 1982

5. Northwestern Bell Mailer -

X During the month of November the telenews section of all phone bills sent to Northwestern Bell customers included a special news story on the MPCS. This news article was sent to over 1 million households throughout Minnesota. The new toll-free poison phone number was mentioned as well as the metro-area phone numbers of Hennepin County Medical Center (HCMC) and Minnesota Poison Control System (MPCS) Centers. Additionally, consumers requesting a packet of poison prevention and education materials were asked to send a self-addressed stamped envelope to MPCS. Over 2,000 poison packets were mailed to Minnesota households in response to this promotion.

6. American Red Cross/MPCS Joint Program

- a. First Aid for Little People is a safety and first aid program for children ages 5-8. The content of the program involves units on what First Aid is - staying calm, shock, bleeding, getting help, fires, POISONS, and mouth to mouth resuscitation. This program is a pilot program developed by the St. Paul Red Cross Chapter and is in the process of being revised for use on a statewide and then national level. The Minneapolis and St. Paul Red Cross Chapters have requested the MPCS to work with them in the development of the unit on poisons. This should be accomplished by April 1983. The MPCS will provide poison awareness literature on an ongoing basis for each student who participates in this course.

Last year the First Aid for Little People program reached more than 3,000 children in the Minneapolis and St. Paul metro areas alone. It is the goal of the Red Cross and the MPCS to reach every child ages 5-8 in the State of Minnesota with the First Aid for Little People program.

The cost of this program is a one time fee of \$1.25 for the Instructor Book. Each child completing the program receives a certificate. These certificates are offered free of charge through the American Red Cross.

- b. Health and Safety Course for Primary Grades is a health safety and first aid program for 2nd and 3rd grades. The program includes colorful posters with learning guidelines and safety suggestions on the back of each poster, a teacher's guide with suggestions for educational use and development of the theme for each poster, and certificates for each child issued upon completion of the course.

- b. Health and Safety Course for Primary Grades (cont....)
This course is used on a national basis by the American Red Cross. The Minneapolis and St. Paul Red Cross Chapters would like the MPCS to develop a supplemental unit on poisons for use with this program and also provide printed materials.

Last year the Health and Safety Course for Primary Grades was presented to more than 2,200 children in the Minneapolis and St. Paul areas. The cost for this program is a one time fee of \$5.75 for the Instructor Book, posters and 25 certificates. Additional certificates are offered through the Red Cross free of charge.

- c. The Basic Aid Training (B.A.T.) is a safety and first aid course developed for children in the 4th through 6th grades. The basic concepts in teaching Basic Aid Training are - to learn by doing, and to learn new skills and techniques by relating to previous experiences. This course is used on a national basis by the American Red Cross. The Minneapolis and St. Paul Red Cross Chapters are working with the MPCS in the development of a supplemental unit on poisoning. The MPCS will also provide printed poison awareness materials for distribution.

Last year the Basic Aid Training program was presented to over 5,000 children in the Minneapolis-St. Paul metro areas.

The cost for this program is a one time fee of \$3.25 for the Instructor Book and \$4.00 for the student workbook. The projects in the student workbook can easily be reproduced for each student's use. Certificates of completion are provided for each student free of charge from the American Red Cross.

The MPCS will provide written materials for each student involved with any type of poison education program statewide. The materials will include the MPCS Poison Safety Guide, MPCS phone stickers listing the Poison Center phone numbers, and the printed materials from the U.S. Consumer Products Safety Commission (CPSC). The materials from the CPSC include a Poison Lookout Checklist for each child to take home complete with the help of his/her parents. This checklist helps the family poison proof the home room by room. When the checklist is completed and returned to the teacher, the student receives a Poison Lookout Certificate.

7. Ronald McDonald Pediatric Education Programs -

X We are pleased to report that McDonald Corporation has donated the funds and resources to underwrite an audio-visual slide cassette production on poison prevention, starring Ronald McDonald. This production, jointly sponsored by McDonald's and the Minnesota Poison Control System is designed to introduce children to the concepts of poison and poison prevention. This program will be distributed by McDonald's "Ladies in Blue" as well as the American Red Cross volunteers. This program will be evaluated by McDonald's as a pilot project for the State of Minnesota. If successful, the production will be donated to other poison centers around the country as a community service. In addition to funding the production itself, McDonald's is considering providing supplemental printed educational materials as well. The final decision on the supplemental materials will be made in February 1983. The market value of this production is estimated to be approximately \$10,000.

McDonald's Corporation has sponsored other pediatric education programs for a number of years. A new program has been developed for 1983 entitled "THE READING SHOW". Working cooperatively with MPCS consultants, Ronald has developed a segment on poison prevention which will be incorporated into his show. This program will be presented to over 120 schools throughout the State of Minnesota in 1983.

8. Puppet Show Production -

A puppet show for preschoolers has been developed by MPCS Pediatric Education Consultants. The title of the show is "E.C." (for extra careful). A complete script accompanies the production and involves two puppets in a poison exposure scenario. The program is designed so that volunteers can put on the show. Twenty sets of puppets have been produced and donated by a local high school home economics class as a special student project.

Because of the large number of day care centers around the State, and the limited number of MPCS staff, a volunteer program has been pursued. The Retired Citizens Volunteer Program (RSVP) has offered to co-sponsor the puppet show program. RSVP is a federally funded program to get senior citizens involved in the community. There are 18 centers throughout Minnesota. This program is a pilot project that brings together two very unique populations.

Other volunteers throughout the State are being pursued. The advantage of the program is that the Poison Center can send out multiple puppet kits (puppets, script, and educational materials) to any interested volunteer. Day Care providers can use the materials themselves to present the program.

9. MPCS Speakers Bureau -

To facilitate both professional and public education MPCS has implemented a speakers bureau program. Thus far, the two target groups have been pharmacists and American Red Cross instructors. The program is designed to involve the public and health professional in community poison awareness. The Poison Center has developed a slide show presentation complete with script and fact sheet. First aid instructors discuss poison prevention and emergency first aid for poison, whereas,

9. MPCS Speakers Bureau (cont...)

pharmacists can expand the program to discuss common drug information material as well.

Implementation Strategy:

First Aid Instructor - Together with the American Red Cross a letter has been developed for statewide distribution to over 12,000 first aid instructors throughout the State. Thus far, over 20 instructors have volunteered their expertise to serve on the bureau. (A copy of the letter is in the appendix.)

Pharmacists - The Minnesota State Pharmaceutical Association has endorsed the MPCS program and supports pharmacist involvement in poison prevention and education. An article in the December issue of Minnesota Pharmacist described the services of MPCS and called for pharmacists to volunteer their services. Thus far, 10 pharmacists have volunteered their time and expertise to serve on the speakers bureau for their area. More volunteers are expected in the coming months.

10. Syrup of Ipecac Program -

The slogan for this promotion is "Be Prepared to Save a Life", and the goal is to get Syrup of Ipecac into households throughout the State. Through the efforts of MPCS, a local drug manufacturer, Paddock Laboratories, is manufacturing a one ounce bottle of Ipecac that has the MPCS logo and phone numbers on it. This product will be competitively priced with existing brands. Paddock Laboratories has offered to donate a large portion of the proceeds from the sale of this product to offset the cost of poison education programs and materials for Minnesota's children. This financial contribution is intended to be an ongoing donation to support MPCS. The Minnesota State Pharmaceutical Association and Minnesota Society of Hospital Pharmacists are co-sponsoring this program

10. Syrup of Ipecac (cont...)
with MPCs. a major promotional effort will be made during
March with poison prevention week activities.

Potential Impact: \$15,000+ annual donation to support
education

11. Public Service Announcements (PSA)
MPCS has produced two Public Service Announcements, one
for radio and one for television. An additional television
PSA is being prepared for the coming quarter.

Multiple copies of these PSAs have been produced and have
been sent out to news stations throughout the State.

III. Professional Education Programs and Strategies

A. Professional Mailing -

In early October 1982 MPCS mailed letters to over 650 health professionals throughout the State of Minnesota announcing the establishment of MPCS and describing the poison control services and emphasizing the availability of continuing medical education programs in poisoning. MPCS also solicited the support and cooperation of these health professionals and invited their comments and suggestions.

B. Identification of Contact Personnel for Professional Education -

In December of 1982 the nurse educator for MPCS began contacting by telephone all of the hospitals, emergency facilities and medical centers in the state, in order to identify contact personnel for professional education programs. MPCS plans to coordinate and develop local and regional professional education programs through these contacts.

C. Professional Education Presentations -

1. Outside SPRMC - Toxicology staff have given presentations to physicians, nurses, pharmacists, pharm.D., and industrial hygienist on the availability and use of MPCS, first aid and general management of poisoning as well as other topics during the first quarter. The total number of the outside presentations is 14 and include the following locations: Duluth, Crosby, Wayzata, Minneapolis and St. Paul.

A break out session in clinical toxicology will be given by MPCS toxicology staff at the 1983 scientific program of the Minnesota Medical Association.

2. Inside SPRMC - During the first quarter MPCS invited health care professionals to our Quarterly Toxicology Update, Toxic Poisonings Symposium, as well as to the Monthly Inter-Hospital Toxicology Conference which it continues to co-sponsor with Hennepin County Medical Center. These presentations are directed at physicians, nurses, pharmacists and pharm. Ds.

MPCS toxicology staff have continued professional education conferences and presentations which were already established prior to the first quarter. These include medicine and emergency medicine grand rounds, inpatient medicine and emergency medicine toxicology conferences for resident physicians as well as the CME accredited inservices for nurses, paramedics, EMTs, pharmacists and pharm.Ds.

Special emphasis has been given to education for the pharmacist poison information specialist because of their role as primary contacts and provider of poison information service. In addition to the bi-weekly inservice on various aspects of poisoning, pharmacists and pharm. Ds. accompany toxicology staff on daily rounds to see and follow inpatients who have been poisoned. This opportunity for clinical correlation is fundamentally important to function as poison information specialists.

A total of 35 presentations on poisoning have been presented during the first quarter. Documentation for these presentations is being maintained and includes the following: the date of the presentation, group, topic, number in attendance, lecturer and location.

IV. Outside Resource Collaboration (HCMC/MCPS)

St. Paul Ramsey Medical Center (SPRMC) pledged in its proposal to solicit the cooperation and support of interested health professionals throughout the state in an effort to develop a statewide system for poison control services. This resource coordination endeavor began in October of 1982 when representatives from the poison control programs at HCMC and SPRMC began a series of discussions with the objective of developing a closer working relationship. There have been a total of 4 meetings and minutes of those meetings have been circulated within our medical centers and copies mailed to the EMS Section, Minnesota Department of Health and the Chairman of the Minnesota Poison Information Advisory Council.

The discussions have been very constructive and cordial and we have reached agreement on a number of objectives and opinions. We are agreed that our Centers should:

1. Strive for better communication.
2. Avoid duplication of poison information, telephone service and education, in so far as possible.
3. Work toward joint poison education programs, in so far as possible.
4. Have physician toxicologist direction and supervision of poison information and treatment services.
5. Provide cost effective service and work to reduce the overall cost for poison information service in the State.
6. Assist the Minnesota Department of Health and Minnesota Poison Information Advisory Council in discharging their duties as regard selection of a state designated poison information center.

The major focus for the discussions has been on the possibility for providing joint poison information service in the State of Minnesota and in exploring the prospects for submitting a joint proposal. The idea for a joint service to be provided by both Centers simply results from the fact that both of our centers have strong programs and a keen interest in poison information, that we both desire to provide this service for the State and that a combined service could perhaps be achieved and acceptable.

The Minnesota Department of Health has indicated a willingness to consider a joint service provided it can be accomplished within the framework of the existing law and contingent upon final approval by the Commissioner of Health. The prospects for a joint poison information

IV. Outside Resource Collaboration (cont...)

service are further complicated by the fact that the next proposal review process is scheduled to begin in March 1983 and, therefore, there is little time for Hennepin County Medical Center and St. Paul Ramsey Medical Center to reach an agreement.

St. Paul Ramsey Medical Center has proposed that our Center operate under the title of Minnesota Poison Control System and that in view of the above considerations we agree to the following:

1. That the service to be provided operate under the title of Minnesota Poison Control System and that both centers adopt an identical program with well integrated education services and no affiliation with a private for-profit franchise such as the NPCN.
2. That for all subsequent negotiations between Hennepin County Medical Center and St. Paul-Ramsey Medical Center in these matters the primary poison program directors for both centers be in attendance and participants.
3. That both centers pledge cooperation and adopt policies guaranteed to prevent conflict or competing proposals to provide poison information service.
4. That any partnership between our centers to provide poison information services must meet with the approval of the Minnesota Department of Health and the Minnesota Poison Information Advisory Council
5. That any partnership should require no additional state financial support in order for it to exist.
6. That such partnership assumes that state monies provided for this service be shared and that both partners collaborate to pursue additional sources of external support.
7. That a decision to accept or reject the above conditions be made by February 1, 1983.

If a joint service cannot be achieved under the existing law or in the time available both Medical Centers have the option of submitting proposals to provide poison information service and would necessarily compete for State designation, not only with each other, but with other potential applicants.

IV. Outside Resource Collaboration (cont....)

If separate proposals are submitted and if St. Paul Ramsey Medical Center (SPRMC) is redesignated as the State Poison Information Center, we will continue working with Hennepin County Medical Center (HCMC) and with other centers and health professionals on poison control services. SPRMC remains committed to development of a statewide system for these services. Further meetings and discussions between HCMC and SPRMC are planned as well as with other interested medical centers and health professionals.

V. Financial Report

October 1, 1982 - December 31, 1982

* Expenses

Personnel	\$ 39,037
Telephone/Communications	1,054
Data Collection	-
Prof/Tech Memberships	-
Materials/Supplies	182
Promotion/Education	2,793
	<hr/>
	\$ 43,066

Sources of Revenue

SPRMC	\$ 25,142
MN Department of Health	-
Other	-
"Inkind" Contribution	17,924
	<hr/>
	\$ 43,066

In kind

* Additional expenses from the first quarter billed after December 31, 1982 will appear on the next quarter's report.

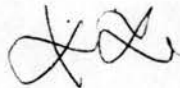
VI. Pursuant of Additional Funding

Upon receiving designation as the Minnesota Poison Information Center, St. Paul Ramsey Medical Center applied for a McNeil Regional Poison Control Center Expansion project grant. Each grant is for a total of \$75,000 dispersed over two years to be used as start up funds for the development of regional poison control programs.

On December 14, 1982 St. Paul Ramsey Medical Center received a letter from the McNeil Consumer Products Company notifying the Center that it was one of 10 grant recipients for 1982. The Center has received the first year's grant of \$37,500 and these monies are being used to supplement MPCS programs. Most of the grant will be used to pay for education programs, materials and personnel.

St. Paul Ramsey Medical Center will submit a 6-month progress report due July 1, 1983 to the McNeil Company and a site visit will be arranged prior to the second year of funding.

The second year of funding is contingent upon continued state designation as the Regional Poison Center. If the designation is given to another site McNeil reserves the right to consider giving the years funds to the alternatively designated Center.

During the January 1 through March 31, 1983 quarter SPRMC plans to seek additional foundation support and to submit a request for support to United Way. 

The McDonald's Company is developing an audio-visual slide show as a part of the safety education program which Ronald McDonald takes to all of the elementary schools in our State for grades K-6. The program will utilize MPCS materials, logo and telephone numbers and will be completed by the end of February 1983. Development costs for this program will amount to several thousands dollars and are being underwritten entirely by McDonald's. The program will be available free of charge throughout our State.

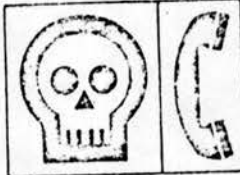
VI. Pursuant of Additional Funding (cont...)

The Paddock Laboratories Syrup of Ipecac program is outlined under community education programs. The revenue from this ongoing donation project has been estimated to be more than \$15,000 annually.

A P P E N D I C E S

- I. Halloween New Release and Corresponding Letter to Day Care Centers, principals and parents
- II. Food Poison News Release
- III. Holiday Hazard News Release
- IV. American Red Cross Correspondence
- V. McNeil Consumer Products Company Grant Notification
- VI. Letter to Professionals

Minnesota
Poison
Control
System



1-800-222-1222 (toll free—Statewide)
221-2113 (Twin Cities)
Co-Medical Directors
Samuel W. Hall, Jr. M.D.
Kusum Saxena, M.D.
Managing Director
Rick Kingston, Pharm. D.

Member American Association of Poison Control Centers

PUBLIC SERVICE ADVISORY
Contact: Becky Haas, 221-2028
Oct. 22, 1982
FOR IMMEDIATE RELEASE

MINNESOTA POISON CONTROL SYSTEM OFFERS GUIDELINES FOR CHILDREN TRICK OR TREATING

Five million children are treated for poisonings each year in the U.S.; 80 percent of those children are under the age of five.

Over the past decade, there has been a significant increase in the incidence of children who are poisoned on Halloween.

"With the recent publicity of poisons being placed in over-the-counter medication, we are concerned about the safety of children who will be Trick or Treating this year," said Dr. Kusum Saxena, co-medical director of the Minnesota Poison Control System.

"We don't want to over alarm anyone," added Dr. Sam Hall, co-medical director of the Minnesota Poison Control System. "But we want to remind adults, especially parents, about some common sense guidelines for ensuring the children's safety."

- more -

Halloween guidelines

Page 2

These guidelines have been developed in cooperation with the Minnesota Department of Education and are being distributed in schools throughout the state.

Some things to keep in mind include:

1. Feed your children before they go out Trick or Treating. They will be less likely to snack before you have a chance to inspect their candy.
2. Talk to your children about the importance of not eating their candy until you have had the chance to check it.
3. Parents should inspect all of the "goodies." Do not allow your children to eat anything that is 1) in an unfamiliar packaging, 2) is an unfamiliar product, 3) is unwrapped, or 4) looks homemade.
4. Limit the Trick or Treating area to your own neighborhood.
5. Give the children smaller Trick or Treating bags. A small bag filled with candy decreases the urge for children to go beyond their own neighborhood to collect more treats.
6. An adult should accompany all Trick or Treaters.
7. The adult accompanying the children should bring along some candy from home to give the children if they become hungry on their journey.
8. Leave before dark so that children will be home earlier. The darkness may add to the "spookiness" of Halloween but it also adds to the danger.

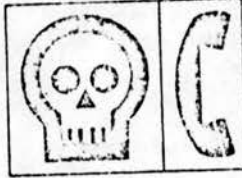
- more -

If any adult should suspect a problem or have a poison emergency on Halloween they should call the Minnesota Poison Control System immediately. The number for Twin City residents to call is 221-2113. The toll-free state WATTS number is 1-800-222-1222.

The Minnesota Poison Control System is the state designated poison information and emergency center based at St. Paul-Ramsey Medical Center.

The center is concerned with the safety of children on Halloween, and according to managing director, Dr. Richard Kingston, additional poison information specialists will be on duty Halloween evening to handle any and all poison calls.

Minnesota
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Member American Association of Poison Control Centers

1-800-222-1222 (toll free—Statewide)
221-2113 (Twin Cities)
Co-Medical Directors
Samuel W. Hall, Jr. M.D.
Kusum Saxena, M.D.
Managing Director
Rick Kingston, Pharm. D.

October 22, 1982

Dear Day Care Center Director:

The Minnesota Poison Control System and the Minnesota Department of Education have developed safety guidelines for this year's Trick or Treating on Halloween. Due to the recent publicity of Tylenol contaminated with cyanide, there is an added emphasis on Halloween safety this year. We are requesting public schools and day care centers to duplicate and distribute the enclosed checklist to children, preschool through 6th grade. An accompanying statewide media press release has been issued alerting parents to watch for this safety checklist.

We would like to encourage that any and all questions pertaining to potential poison problems be referred to the Minnesota Poison Control Center. Twin City residents can call the center at 221-2113. Additionally, a new statewide toll-free number has been added and that number is 1-800-222-1222.

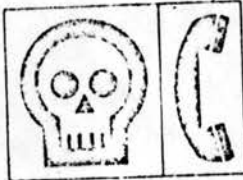
Thank you in advance for your cooperation.

Sincerely,

Rick Kingston
Pharm. D.
Managing Director
Minnesota Poison Control System

Carl Knutson
Minnesota Department
of Education

Minnesota
Poison
Control
System



1-800-222-1222 (toll free—Statewide)
221-2113 (Twin Cities)
Co-Medical Directors
Samuel W. Hall, Jr. M.D.
Kusum Saxena, M.D.
Managing Director
Rick Kingston, Pharm. D.

Member American Association of Poison Control Centers

October 22, 1982

Dear Parents:

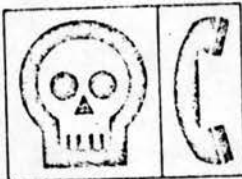
Every year five million children are treated for poisonings in the U.S.; 80 percent of those poisonings occur in children under the age of five.

Over the past 10 years, there has been a significant increase in the incidence of children who are poisoned on Halloween. With the recent publicity of contaminated over-the-counter medications, the Minnesota Poison Control System wants to remind adults, especially parents, how they can help to make Halloween safe for all children. The following guidelines are being sponsored in cooperation with the Minnesota Department of Education.

1. Feed your children before they go out Trick or Treating. They will be less likely to snack before you have a chance to inspect their candy.
2. Talk to your children about the importance of not eating their candy until you have had the chance to check it.
3. Parents should inspect all of the "goodies." Do not allow your children to eat anything that is 1) in an unfamiliar packaging, 2) is an unfamiliar product, 3) is unwrapped, or 4) looks homemade.
4. Limit the Trick or Treating area to your own neighborhood.
5. Give the children smaller Trick or Treating bags. A small bag filled with candy decreases the urge for children to go beyond their own neighborhood to collect more treats.
6. An adult should accompany all Trick or Treaters.
7. The adult accompanying the children should bring along some candy from home to give the children if they become hungry on their journey.
8. Leave before dark so that children will be home earlier. The darkness may add to the "spookiness" of Halloween but it also adds to the danger.

If any adult should suspect a problem or have a poison emergency on Halloween they should call the Minnesota Poison Control System immediately. The number for Twin City residents to call is 221-2113. The toll-free state WATTS number is 1-800-222-1222.

**Minnesota
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Co-Medical Directors
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Kusum Saxena, M.D.
Managing Director
Rick Kingston, Pharm. D.

Member American Association of Poison Control Centers

October 22, 1982

Dear Principal:

The Minnesota Poison Control System and the Minnesota Department of Education have developed safety guidelines for this year's Trick or Treating on Halloween. Due to the recent publicity of Tylenol contaminated with cyanide there is an added emphasis on Halloween safety this year. We are requesting principals to duplicate and distribute the enclosed checklist to school children grades K through 6. An accompanying statewide media press release has been issued alerting parents to watch for this safety checklist.

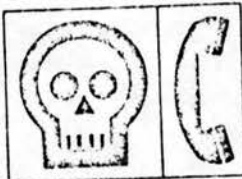
Thank you in advance for your support and cooperation.

Sincerely,

Rick Kingston
Pharm. D.
Managing Director
Minnesota Poison Control System

Carl Knutson
Minnesota Department
of Education

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Member American Association of Poison Control Centers

NEWS RELEASE

Contact: Becky Haas, 221-2028

Nov. 17, 1982

For Immediate Release

**Risk of food poisoning higher during holiday
season; state poison system offers guidelines**

It is estimated that every year a significant number of people suffer from mild cases of food poisoning and don't know it.

"That's because the symptoms are very similar to the flu," said Samuel Hall, M.D., Minnesota Poison Control System (MPCS), co-medical director. "The symptoms are headache, nausea, vomiting and diarrhea and usually develop within an hour after the patient's eaten the contaminated food."

For most people food poisoning is not severe and the symptoms disappear within 24 hours, Hall said. However, Hall warned that for senior citizens, children or persons with other illnesses as well as certain types of bacteria, food poisoning can be fatal.

According to MPCS staff there is a higher incidence of food poisoning around the holidays because people tend to eat more foods that they did not prepare themselves, food is kept at room temperature for a longer-than-normal period or foods are served that tend to be more prone to bacteria such as mayonnaise-based salads, eggnog or smoked fish.

- more -

There are four common bacterial sources of food poisoning. They are: salmonella, clostridium perfringens, staphylococcus and clostridium botulinum. While most of these names are not familiar to the average person, the bacteria are everywhere in the environment and found in all types of food. Also, a warm, moist environment helps these bacteria grow rapidly.

Salmonella is one of the most common sources of food poisoning, according to Rick Kingston, Pharm.D., MPCS managing director. While it is usually not fatal, it is widespread. "It is estimated that more than two million cases of salmonella poisonings occur each year in the U.S.," he said. Salmonella is most commonly found in raw meats, poultry, eggs, milk, fish and processed foods such as chocolate, yeast, casein and spices.

Clostridium perfringens is another common bacteria and can cause illness when foods are stored in large quantities at improper temperatures for several hours or overnight, Kingston explained.

Staphylococcus, more commonly known as staph, is spread from humans or animals and grows in a wide variety of foods. All meats, poultry, and salads like tuna, egg, chicken, potato or macaroni as well as cream-filled pastries and sandwich fillings can be likely carriers of staph germs. And if the staph germs are allowed to multiply to high levels, Kingston said they form a toxin that can't be boiled or baked away.

Clostridium botulinum, probably the rarest form of the four bacteria, is the most fatal if contracted, Hall said. "These bacteria are abundant in the environment and are usually harmless. But when they are not destroyed by heat they form a poisonous toxin and even the smallest amount of botulism toxins can kill you."

The symptoms of botulism includes double vision, inability to swallow, speech difficulty and progressive paralysis of the respiratory system. Medical attention must be obtained immediately, Hall cautioned.

Although all this might spoil one's appetite, the MPCS staff agreed that all food poisoning can be prevented by following some simple rules. Together with Joann Slavin, Ph.D., Agricultural Extension Service, University of Minnesota, MPCS has developed these guidelines:

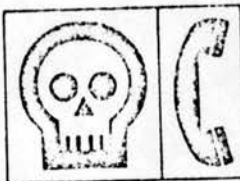
- Wash hands before preparing meals. A person with acne, a boil, a hand cut a cold or flu should be especially careful around food. Keep hands away from mouth, nose and hair.
- Scrub containers and utensils used in handling uncooked foods with hot, soapy water before using with ready-to-serve foods. Use separate cutting boards to help prevent contamination between raw and cooked foods.
- Keep foods to be served hot above 140°F (60°C) and foods to be served cold below 40°F (4.4°C).
- Refrigerate food promptly after meals or cooking.
- Thaw frozen foods in refrigerator or under cold running water.
- Do not allow meat, poultry, fish, egg dressings or sandwich fillings, potato salad, cream-filled baked goods or ham to stand between 40° - 140°F.
- Stuff meat, poultry or fish just before roasting - never the night before. Never partially cook stuffed meat, poultry or fish.

- more -

- Use pasteurized milk and milk products.
- Do not use dirty or cracked eggs in raw or slightly-cooked egg products such as eggnog.
- Cook home-smoked fish or meat at 180°F for at least 30 minutes. Do not refrigerate smoked fish in an air-tight plastic pouch.
- Do not put food (especially milk, egg or cheese casseroles) in the oven with a timer set to begin cooking later.
- Heat leftovers thoroughly, boil broths and gravies several minutes when reheating them.
- Discard leftovers having off-color and/or foul odor.
- Preserve low-acid food in a pressure canner at correct pressure according to altitude. Use correct time for each product. Be sure pressure gauge is functioning well.
- Boil all home-canned vegetables and meats 15 to 20 minutes before eating.
- Avoid food in containers with leaky seal, and bent, broken or bulging cans.

If you suspect a case of food poisoning, are concerned about any symptoms that last longer than 24 hours or want more information, call the Minnesota Poison Control System anytime. The numbers to call are (in the Twin Cities) 221-2113 and (outstate toll-free) 1-800-222-1222. Residents in Hennepin County can still call 347-3141. For additional information about these guidelines, residents may also contact their county agricultural extension service office.

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Rick Kingston, Pharm. D.

NEWS RELEASE
CONTACT: Becky Haas, 221-2028
Dec. 13, 1982
For Immediate Release

Warning: the holidays can be
hazardous to your health

The holidays are here and with this time of year comes beautiful plants, Christmas trees all trimmed and sparkling, good times with family and friends and children anxiously awaiting Santa's arrival.

But amidst all this hustle and bustle, some of these holiday decorations can be poisonous.

Most people do not realize that just one or two mistletoe berries can be fatal if digested by a child or that one-half to one ounce of alcohol can cause a child to become unconscious, have convulsions and possibly stop breathing.

"We do not want to alarm people unnecessarily. However, it is important to know that some holiday items have the potential for creating a serious poisoning. By taking a few minutes to become aware of which items can be problems and taking the necessary precautions; everyone can have a safe holiday season," said Samuel Hall, M.D., co-medical director of the Minnesota Poison Control System at St. Paul-Ramsey Medical Center.

Hall offers the following guidelines for ensuring safety during the holidays:

-more-

Minnesota Poison Control System St. Paul-Ramsey Medical Center
640 Jackson Street St. Paul, Minnesota 55101

1. Alcohol is potentially the most dangerous poison people have in their homes during the holiday season. In relatively small amounts (one-half to one ounce) alcohol can cause severe problems in a child. Keep all liquor, beer and wine out of the reach of small children. After parties make sure all glasses are emptied and not left setting on tables. Often curious children empty the glasses as they have seen the adults do. Also alcohol is the main ingredient in colognes, perfumes and aftershaves. Alcohol used in baking or cooking is safe for children because the alcohol vaporizes with heat.
2. Pointsettias are not as poisonous as originally believed. This is basically a safe plant to have in the home. If large amounts of the plant are ingested it could potentially be a serious problem.
3. All parts of the Jerusalem Cherry plant are very poisonous. If any of this plant is ingested the poison control center should be called immediately.
4. The Mistletoe is another dangerous plant. All parts of this plant are very poisonous. If any part of this plant is ingested the poison control center should be called immediately. Also remember that the berries fall off the Mistletoe, so hanging it above doorways, etc., does not ensure safety. Children always have a way of finding things on the floor.
5. A relatively non-toxic plant is the Christmas Cactus. However, if large amounts of this plant are ingested it could cause vomiting and diarrhea.

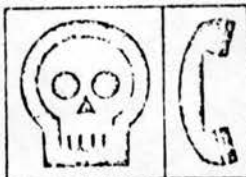
6. Holly plants are very poisonous and if parts of this plant are ingested the poison center should be called immediately. This plant also has berries and leaves that fall off as the plant dries. Be aware of this.
7. Generally, Christmas trees do not cause any problems. But if the needles are ingested they may cause an upset stomach and some vomiting. Also the needles are very sharp and may scratch or stick in the mouth or throat.
8. Preservatives for Christmas trees are usually a sugar solution and are not toxic. If the solution is homemade, caution should be taken depending upon the ingredients used. Anyone with questions about the ingredients should call the poison center.
9. Evergreen scent spray is a non-toxic product, however, when spraying caution should be used so that the product is not inhaled.
10. Snow spray is also non-toxic and again, caution should be used when spraying so that the product is not inhaled.
11. Tinsel and icicles are usually not a problem if small amounts are ingested. If large amounts are ingested or coughing or choking occur the poison center should be called immediately.
12. Shellacked ornaments are not poisonous if ingested because the shellac is non-toxic once it has dried.
13. Snow globes generally contain liquids and snow particles that are not poisonous.

Holiday hazards
Contact: Becky Haas, 221-2028
Dec. 13, 1982
Page 4

If anyone has any questions about poisonous holiday decorations, etc., or suspects a poisoning they should contact the poison center immediately. The number to call for Twin City residents is 221-2113. Outstate residents may call toll-free 1-800-222-1222. Poison Information Specialists will be available 24 hours a day, seven days a week to answer all calls.

The Minnesota Poison Control System is the state-designated poison information and emergency center based at St. Paul-Ramsey. The center, in conjunction with other Minnesota hospitals in the poison system, is concerned about the safety of the state's residents during this holiday season.

Minnesota
Poison
Control
System



1-800-222-1222 (toll free—Statewide)
221-2113 (Twin Cities)

Co-Medical Directors
Samuel W. Hall, Jr. M.D.
Kusum Saxena, M.D.
Managing Director
Rick Kingston, Pharm. D.

Member American Association of Poison Control Centers

Dear Red Cross Instructor:

The purpose of this letter is to inform you that a new statewide poison program has been established in Minnesota. Operating under the name of the Minnesota Poison Control System (MPCS), the new program provides a 24-hour a day emergency phone center with toll-free statewide access and a wide range of poison prevention/education services.

As first aid and water safety instructors, you are aware of the need for community education in the area of accident prevention and first aid. The MPCS is committed towards poison prevention education and first aid measures necessary in dealing with poison emergencies. Because of our shared interest in these areas of community awareness, we hope to work with you, the Red Cross instructor, in a cooperative community education effort.

The Minnesota Poison Control System is developing poison education programs with the regional Red Cross offices in St. Paul and Minneapolis for statewide use. The Poison Center staff will be involved in teaching Red Cross instructors about poison prevention and emergency first aid. We are soliciting the help of Red Cross instructors who would be willing to serve on a community speakers' bureau for their area. The Poison Center, in cooperation with your Red Cross office, will provide materials for presentation and the necessary training. Materials will include a slide cassette presentation with written script as well as poison prevention brochures and telephone stickers. For further information, contact the Poison Center and ask for Barb Qualley, R.N. The phone number is 1-800-222-1222; in the Twin Cities dial 221-2113.

Beginning in mid-February, poison education materials will be available for distribution to your regular first aid classes. Contact your regional office for details.

We look forward to providing this cooperative program. If you have any questions, please don't hesitate to contact the Poison Center.

Sincerely,

Rick Kingston

Dr. Rick Kingston
Managing Director
Minnesota Poison Control System

Carol Cruse

Carol Cruse
Division Director, Safety Services
American Red Cross, St. Paul

Naomi Stock

Naomi Stock
Minneapolis/St. Paul Youth Services
American Red Cross

Pat Baker

Patrick F. Baker
Administrator, Community Health
Education and Safety Services
American Red Cross, Minneapolis

Minnesota Poison Control System St. Paul-Ramsey Medical Center
640 Jackson Street St. Paul, Minnesota 55101

McNEIL CONSUMER PRODUCTS COMPANY

FORT WASHINGTON, PA.

ANTHONY R. TEMPLE, M.D.
MEDICAL DIRECTOR
PEDIATRIC PRODUCTS DIVISION

December 15, 1982

Joel Webster Hall, M.D.
Minnesota Poison Information Center
St. Paul Ramsey Medical Center
St. Paul, MN 55101

Dear Dr. Hall: *Am*

Congratulations! You are one of ten McNeil Regional Poison Control Center Expansion project grant recipients for 1982.

The review for the 1982 McNeil Regional PCC expansion project grant application is now completed. There were 22 applications reviewed this year. Many excellent proposals were submitted. The review process was intensive and time consuming and it was possible to accept only a small number of those selected.

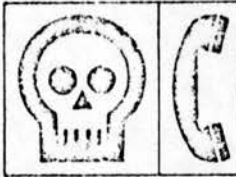
A check for the first year's grant will be sent to you within the next month in the amount of \$37,500.00. During 1983 we will expect a six-month progress report due July 1, 1983 and will arrange a site visit prior to our second year of funding. Second year funding will be contingent on continued state designation as the regional poison center. If that designation is given to another site, McNeil reserves the right to consider giving second year funds to the alternatively designated center.

If you have questions about your application or about how you should proceed from here, please let me know. Thank you again for your interest.

Sincerely, *Am*

Anthony R. Temple, M.D.
Medical Director
Pediatric Products Division

Minnesota
Poison
Control
System



1-800-222-1222 (toll free—Statewide)

221-2113 (Twin Cities)

Co-Medical Directors
Samuel W. Hall, Jr. M.D.
Kusum Saxena, M.D.

Managing Director
Rick Kingston, Pharm. D.

Member American Association of Poison Control Centers

October 11, 1982

Dear Colleague:

This letter is to inform you of the recently established Minnesota Poison Control System (MPCS) which is described in the enclosed brochure.

We want you to be aware of the many poison control services we are now providing. Among the most important of these is the availability of a 24-hour toll-free WATTS telephone number. This is the first time a statewide toll-free line has been established for poison information and/or consultation.

An important part of MPCS's program will be to offer continuing medical education seminars for health care professionals. These seminars will address the most current topics in toxicology. As our programs develop we will be sending you additional information and registration materials.

The MPCS is a state program and your professional support and cooperation are essential to the program's success. We are interested in hearing your ideas about how MPCS can best serve you.

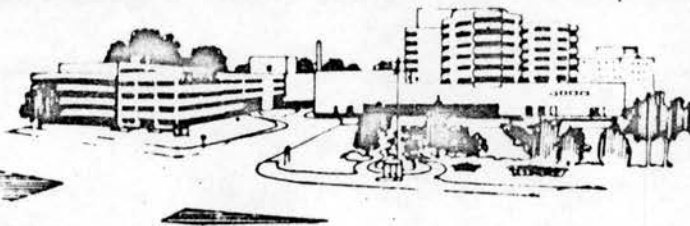
Sincerely,

Samuel W. Hall, Jr.
Samuel Hall, Jr., M.D.

Kusum Saxena
Kusum Saxena, M.D.

Richard Kingston
Richard Kingston, Pharm.D.

enclosures



St. Paul-Ramsey Medical Center

640 Jackson Street

Saint Paul, Minnesota 55101

(612) 221-3456

MEMORANDUM

TO: Mr. Donald Salverda, Chairman
Planning and Development Committee

FROM: Mr. David W. Gitch
Executive Director

DATE: March 11, 1983

SUBJECT: Institutional Identity Program

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1) Rec Adapt Approval A
2)
3)
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Presentation of Conceptual Plan for Institutional(s) Identity Program

Background

Pursuing a goal and objective developed in 1982 and adopted for 1983, the Public Relations Department has been working with an outside consultant, Mr. Jeff Ivarson, Vice-President, Design Center, Inc. The goal was stated:

Plan and implement an institutional identity program for SPRMC, creating a visual and conceptual link to bind together the multi-organizational structure and to solidify the chosen image.

A specific objective was:

To work with a consultant to design the SPRMC logo and a multi-institutional "corporate" identity program.

To date, the work done by Mr. Ivarson has been to:

- A. Gain a mutual understanding of the objectives and strategies for design of the new medical center identity.
- B. Create a unique graphic expression that visually communicates the new medical center positioning.
- C. Develop an identification strategy that allows for later integration in a multi-organizational identity system.

Before proceeding further, the conceptual thinking needs to be presented for feedback.

The objectives for the Planning and Development Committee are to:

- A. During Mr. Ivarson's presence, hear presentation and provide feedback on concept.
- B. Following presentation and discussions, discuss feasibility of next steps and the appropriate groups to advise as to concept and progress.

FEB 22 1983

DRAFT SUBJECT TO COUNCIL APPROVAL

EAST METRO HOSPITALS TRUSTEE COUNCIL

MINUTES

February 9, 1983
St. John's Hospital

The February meeting of the East Metro Hospitals Trustee Council was held at St. John's Hospital at 12:00 noon on Wednesday February 9, 1983.

Members Present:

Robert Lauppe	Bethesda
J. Stanley Hill	United
Harry Moberg	St. Paul/Ramsey
Geoff Kaufmann	Gillette
Elizabeth Shogren (for Jill Kelly)	District Memorial
William Randall	Children's

Guests Present:

Gerald McCarthy	Administrator
	St. John's Hospital

Staff Present:

Stephen G. Amundson
Staff Consultant

The meeting was called to order at 12:35 pm by Vice Chairman William Randall. Mr. Randall expressed the Council's appreciation to our host, St. John's Hospital.

Mr. Randall introduced Gerald McCarthy, President of Health Resources, Inc. and Administrator of St. John's Hospital who will share with the Council the plans for the phased relocation of St. John's Hospital. Council members then introduced themselves.

Mr. Hill asked to be excused early. Mr. Hill also informed the Council that he and Mr. Gunderson would be having lunch with Marianne Miller, of the Department of Health, in an effort to continue to maintain open dialogue over the price disclosure systems.

Guest Presentation

The Phased Relocation of St. John's Hospital.

Mr. McCarthy presented an overview of the corporate reorganization

of St. John's hospital. The parent corporation is Health Resources Inc., beneath which are the hospital, foundation and other for profit corporations. Mr. McCarthy commented on the many entities providing services through Health Resources, Inc. Further descriptions of these programs and services may be found in : " A Report to the Communit: The Pased Relocation of St. John's Hospital", which was distributed to the Council.

St. John's will in March, 1983 be submitting its request for a Certificate of Need for the phased relocation of St. John's Hospital to a site located in Maplewood (County Rd. D and Beam Ave.).

The Maplewood Site and immediate area currently has the following services: The Health Resources, Inc. corporate offices as well as community services (home care and outpatient chemical dependency program), housed in the renovated Hazelwood Elementary School, The Ambulatory Care/Urgent Care Center and Medical Office Building (Under construction-commpletion anticipated on or before July, 1983), and an area dedicated for the Hazel Ridge Cooperative housing program for senior citizens.

The hospital, to be named St. John's Northeast Community Hospital, will be a 130 bed hospital, a size which has been determined by the current demand this area has for the services of St. John's Hospital. This facility will be far more compact than the traditional hospital as its overall size of 880 square feet per bed illustrates when comparing it with traditional hospitals having from 1100 to 1400 square feet per bed. This compact size is possible since the Northeast hospital will be sharing services with the downtown hospital, examples being supply storage and central sterile supply. The Northeast hospital will also be sharing many of the anicillary services and staffs.

The two hospitals will not be separte organizations but rather one operating at two sites.

The size will be increased as demand necesitates, the site has the ability to accomadate 300 beds. The hospital and the Health Planning Board will conduct evaluations of the demand, as yet the methodology and timetables for evaluation have not been set. However the downtown location could be pased out within five years of completing the Northeast location. St. John's has given planning efforts to the downtown site, should it cease to operate as an acute care hospital, one plan is to develop senior citizen housing, an area in which the local HUD office has expressed an interest.

Opportunity was given for questions and discussion. Discussion centered on the sharing of services between facilities, the facility size dictated by evaluation of demand and the total relocation of the downtown facility.

Mr. Randall thanked Mr. McCarthy for his fine informative presentation.

The minutes of the January 12, 1983 meeting were approved as mailed.

The EMHTC Endorsement and Comment on the WMHTC- Cost Containment Strategies Report, was approved for distribution.

MHPB Committee on Evaluation.

Mr. Lauppe reported that the Committee had approved the quarterly report of COCH and approved payment to COCH. The Committee requested copies of the hospital comments section of the December 21 data. The Committee also directed COCH and MHPB staffs that hard copy data is interpreted to mean that COCH will deliver to MHPB staff the computer tapes. The committee reviewed the drafts of reports for displaying the evaluation data. It was suggested that the Councils receive and comment on these drafts. The drafts of the reports were distributed to council members, members are asked to submit their comments to staff. The review of the drafts should be directed at the form and not the data that may be present as this data is raw and in many cases inaccurate and incomplete.

Spring Trustee Conference

Geoff Kaufmann and staff reported that the Spring Conference will be held on Tuesday, May 10th from 2:45 to 8:30pm at the Minneapolis Hyatt Regency. The theme is: The Hospital and the Physician: Joint Venture. The keynote speaker is Dr. Bill Fifer.

The conference will be open to trustees, key administrative staff and physicians. The registration materials will be mailed in mid-March; the registration fee is \$75.00.

Twin City - Community Programs for Affordable Health Care

Geoff Kaufmann reported on the Robert Wood Johnson site visit. There was a sign of genuine community support from all sectors which presented the positive approach the Twin Cities are taking toward this community program. Many of those represented on the TC-CPAHC governing board presented both the positive and negative elements their constituencies see with such projects which demonstrated the open approach the community has taken in developing the program. The feelings of those involved was that the site visit team left

with a positive attitude toward the project. Joan Nickells, President of WMHTC presented the trustee perspective. The grant awards from this wave of applicants will take place in May.

Minnesota Medical Association

MMA - "Hospital Medical Staff Leadership Conference", is scheduled for March 26 and the Sheraton Midway. Information on this conference was distributed to all members, should alternates or others wish to have information please contact staff.

Trustee and Employer Leadership Meeting

Plans have been tentatively made for a joint East/West Trustee and Employer Leader meeting. This meeting is planned for March 8 from 3:00 to 5:30 pm at the Health Association Center. If plans are finalized this joint meeting will replace the regular March meeting of the Council, unless events and/or issues require a meeting. The minutes will reflect the finalizing of the plans.

Next Meeting

The March meeting of the East Metro Hospital Trustee Council will be a joint meeting with the West and employer leaders. Further information and agenda will be mailed under separate cover.

There being no further business the meeting was adjourned at 1:55pm.

Respectfully submitted,

William Randall
Vice Chairman

Stephen G. Amundson
Staff Consultant

EAST METRO HOSPITALS TRUSTEE COUNCIL
ENDORSEMENT AND COMMENT
OF
THE WEST METRO HOSPITAL TRUSTEE COUNCIL
POSITION STATEMENT
ON
HEALTH CARE
COST CONTAINMENT STRATEGIES
July, 1982

January, 1983

INTRODUCTION

As of July, 1982 the West Metro Hospital Trustee Council published a definitive position paper on health care cost containment strategies.

After careful study and review of this paper, we the East Metro Hospitals Trustee Council, find ourselves in such substantial agreement with its content that we can do no better than to endorse it with some specific comments and emphasis.

We urge the reading of this position paper by all hospital trustees and executive officers.

EXECUTIVE SUMMARY

To the list of factors and forces beyond the control of hospitals we would add:

- The Federal Government, through its use of income tax laws as an instrument of social policy, has encouraged high benefit, high cost group health insurance plans. Painful as it will be for them, Congress can best take the lead by creating a tax environment in which this trend will be reversed and some employee cost-sensitivity will be restored to group health insurance plans.
- Our State Government, as a purchaser of health care benefits for the poor, can best address the tough issue of the level of benefits provided and the manner in which these benefits are purchased.
- All groups working for a price-competitive environment, as thought leaders and instruments for change, must give greater emphasis to delineating the major transitional problems and to providing solutions thereto.

Although we favor the promulgation of diagnosis-specific, hospital-specific cost and quality data, we feel obligated at the same time to sound some caveats in this connection:

- The difficulty of producing cost data of this type which can be validly compared has been underestimated. Experts have labored diligently in this area, and have yet to come up with techniques which can be broadly applied without substantial reservations.
 - Although we believe valid data will be produced ultimately, and that it will be useful to sophisticated buying groups (e.g. insurers, HMO's, large employers, government), we have
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yet to see any evidence that it can be useful to the individual consumer.

- If we are somewhat removed from the day of valid cost data, we are many times more removed from the day of valid quality data. We are concerned that non-providers have been led to over-expect concerning our ability to produce such data.

BACKGROUND ON PAST POSITIONS

Although occassionally differing with our West Metro friends concerning specific techniques and emphases, we have, in general, found ourselves on parallel course on all major issues, including:

- Strong leadership in the voluntary reduction of licensed beds.
- Active participation in the effort to evaluate Metropolitan Health Board policies, including the raising of private funds when public funds were not adequate for this purpose.
- Encouragement and support of the Council of Community Hospitals in their role as data brokers.
- Constructive criticism of such groups as the Citizens League in their analysis of hospital cost issues.
- Active cooperation with the Minnesota Coalition on Health Care Costs.
- Organization of trustee forums and seminars to increase individual trustee awareness of cost containment issues.
- Testimony at legislative and regulatory hearings on matters related to the cost containment issues.
- Encouragement of individual hospital leaders to participate in the contribution and release of their own hospital cost data.

PRINCIPLES UNDERLYING THIS STATEMENT

To this excellent list of principles (see WMHTC Report) we would add:

7. The tremendous difficulties in producing valid and useful cost and quality data should be shared at a technical level with all organizations desiring to see this data produced, and their understanding and assistance should be actively sought.
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8. Similarly, the numerous forces driving the increase in health care costs, should be delineated as we see them to all organizations expressing a desire to see these costs controlled, and their help in affecting these forces should be sought.

We heartily recommend the reading of this position paper to all hospital trustees and executive officers. Board Chairman or CEO's may obtain copies of the report or additional information by contacting Stephen G. Amundson at 588-1845.



Health Resources, Inc.

A Holding Corporation for Medical, Health & Hospital Services

MAR 4 1983

p & D

March 3, 1983

David W. Gitch, Exec. Dir.
St. Paul-Ramsey Medical Center
640 Jackson Street
St. Paul, MN. 55101

Dear Mr. Gitch:

I would like to thank you for your letter of support and consideration on behalf of Health Resources, Inc. and the phased relocation of St. John's Hospital.

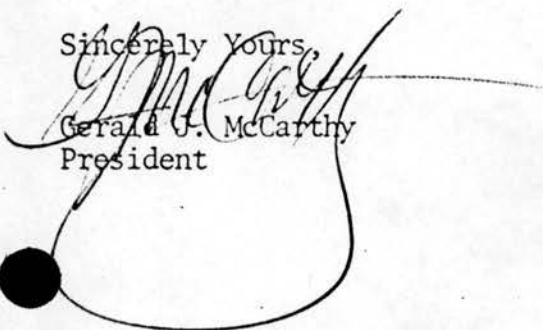
Your letter was included in the Certificate of Need presented to the Metropolitan Health Planning Board on February 18, 1983. The first presentation regarding this proposal will take place this month.

Public hearings on the proposal will be held throughout the spring and summer months and, at this time, it is our hope that a decision will be made sometime in July, 1983.

Once again, thank you for your support and consideration. We will continue to keep you informed of the progress of this proposal and the activities of the organization. The broad community interest, concern and discussion regarding this proposal has been heartening and beneficial.

Once again, our thanks.

Sincerely Yours,


Gerald J. McCarthy
President