School of Medicine Executive Committee
Meeting Minutes
Tuesday, October 19, 2010
Denver Health Hospital, Sabine Classroom

Present: Robert d’Ambrosia, Frank deGruy, Gerald Dodd, Laurie Gaspar, Fred Grover, Randall Holmes, Ben Honigman, Vince Eusterman (for Dr. Jenkins), Mark Johnston, Celia Kaye, Richard Krugman, Joel Levine, Steve Lowenstein, Danielle McDermott, Thomas Meyer, Dan Meyers, David Norris, Chris Nyquist, E. Chester Ridgway, Carol Rumack, Sue Davidson (for Dr. Santoro), Ron Sokol, Ann Thor, Ken Tyler, Ed McCabe, Randy Wilkening (for Dr. Daniels)

Guests: Jean Hart, Chris Urbina (DHHA), Patti Gabow (DHHA), Steve MacLeod (DHHA), Robert House (DHHA), Simon Hambridge (DHHA), Chris Carey (DHHA), Michael Wilson (DHHA), Rick Dart (DHHA), John Ogle (DHHA), Philip Stahel (DHHA), Chris Colwell (DHHA), Rick Albert (DHHA), Paul Melinkovich (DHHA), Thomas MacKenzie (DHHA)

I. Greetings – Dean Krugman welcomed the committee and asked that each person introduce themselves. The purpose for the meeting today was to go through the affiliation agreement between the SOM and Denver Health. In 1995 Dr. Patti Gabow (CEO, Denver Health) and Dean Krugman established the first affiliation agreement between the two institutions as they felt the relationship between SOM and Denver Health was so important and mutually beneficial to have this agreement in place. It is now time to revisit and revise the agreement to update it to the current changes in healthcare. Dr. Gabow felt that this agreement needed to be in place and not left for individual personalities to decide the nature of this relationship. In any good relationship, whether it’s between people or institutions, it’s good for each to understand other’s roles and responsibilities and nothing left hanging. It is even more important since the physical distance has increased. The dispute resolution clause has never been used since it went into place in 1995. When there is clarity of a relationship, there is no need for divorce proceedings. Dr. Gabow thanked Dr. Joel Levine for his hard work on revising this agreement. Dean Krugman informed the committee that Dr. Levine is on the board at Denver Health. Dr. Levine felt it is important for the Executive Committee to look at the agreement and send feedback to him. This document will be reviewed by both SOM Executive Committee and those at Denver Health. Dean Krugman was asked if the Board of Regents needed to review the agreement and this will be addressed. Dr. Levine reviewed each section of the agreement, and noted the changes to the agreement that was in place since 1995.

A. DHHA/SOM Affiliation Agreement
The Purpose Statement has been intentionally expanded to explicitly state why the agreement is in place.

Definitions: The titles and responsibilities have changed over time. Some definitions have been revised and updated. Dean Krugman noted that he wrote the Vice President for Health Affairs description however, it has not been
approved. The only changes noted under DHHA is the addition of the Chief Medical Officer (CMO) description.

Faculty issues: In 1995, there was a clause defining that anyone hired prior to March 1995 would be “grandfathered” into this agreement. This was removed as they felt it no longer needed to be in the agreement. On page 2, Item J, the definition of DH Faculty refers to all DH physicians who are paid by DH and have assigned teaching responsibilities and a faculty appointment at the SOM. An observation was made that it does not specifically state that full time faculty at DH must go up for promotion which seems to be a recurring question. Dr. Levine said that it is not necessarily addressed in the sense that full time faculty is defined as those above the instructor level positions, but they are under the same promotion rules as the SOM. The same rights and responsibilities apply to all full-time faculty in the SOM and its affiliates. The issue of Sr. Instructors has never been clarified. The Dean and the CEO at each affiliate will both have to agree on promotions, however it is vague and is on the list to be reviewed. Dr. Levine stated that this document is not intended and does not address areas of “unclear” in the rules at the SOM, this is not the role of this document. Dr. Dodd feels it is more an “intent” and should be an exception, not a rule. Dean Krugman asked Dr. Lowenstein will make sure this is addressed for the new Promotions and Tenure task force and representatives from DH, VA and National Jewish are included in this task force to address these issues. The Dean said that there will be some legal tightening on this issue once it is agreed upon.

Leadership Positions at CU SOM: It was expanded in terms of explicitness. The Dean wants to make sure that the Department Chairs and Directors are comfortable with the description of their responsibilities. This needs to be sent out as a separate communication to all the Division Heads at the SOM to be brought to their attention. There has been an opportunity for flare-ups, when Division Heads were involved with the affiliations and have no clue about the relationships. Therefore, this will be revised, approved and sent out to all to keep everyone aware of the agreements.

Shared Services: This is an area of contractual relationships. These relationships might evolve into sharing of resources, however, in reality this document can’t predict every situation that will come up. As written, this addresses the clinical coverage, but it would be good to have the research areas addressed.

Dr. Kaye asked that Education be addressed in this document as well because it is predominantly about clinical and research. Dr. Stahel asked about why the shared faculty wasn’t 50% at one place and 50% at another. Dr. Gabow answered that if someone was 50/50, then it affects their benefits, therefore they must be more than 50% at one place or another to maintain their benefits.

On page 7, the title of Vice Chancellor of Health Affairs was not included. It will likely be left out, but the Provost will be added. Dean Krugman will ask Steve Zweck-Bronner for his legal advice on this matter. After the accreditation site visit there will likely be a regent change and a new President, therefore, there will likely be changes.
Evaluation and Promotion: It was asked if there are two evaluations, one at DH and one at the SOM. Currently, every faculty member should have their evaluations at the SOM. At Denver Health, the evaluations are much looser because they have to do with what is going on at Denver Health. Dr. Levine stated that the work done at Denver Health and the appointments at the SOM need to be shared with each Division Head/Department Chair at both locations. Dr. Gabow also stated that the information has been difficult getting it from each location for the other. If there was a process to exchange information at both locations on the annual evaluations, that would seem to solve this issue. However, the evaluations are considered confidential and there may be issue in sharing confidential information. Dr. Levine suggested that the easiest way would be to have a point of contact at Denver Health to provide the information through DOMINO but Denver Health is not using DOMINO for their evaluations. Dr. Lowenstein believes that DOMINO can be adjusted to where this performance evaluation can be shared with Denver Health. Dr. Levine reminded the committee that promotion evaluations must be based at the SOM. Dean Krugman said that the intent is that there needs to be more communication around this than there has been. It will be worked on and the committee’s input will help. The process has not been defined.

Professional Behavior, Discipline, Termination and Separation: There was a small change in trying to develop a way to address professional behavioral problems and recognizing constraints in privacy, there needs to be some mutual notification of issues that would impact their performance at another institution. The suggested process is that at a very high level, any concerns should be transmitted to the Dean and the Dean would make the judgment of deciding whether or not the information should be shared. The Dean wants to speak with Legal about this issue and how to establish a process that will work. Dr. Gabow stated that it is very important for all institutions to be made aware if there’s faculty that has done something serious at one institution and the other institution has no knowledge. If something happens at the 2nd institution, then it provides legal complications between institutions.

It was brought to the attention of Dr. Levine that on page 13, “E.” requirement and Item 1, #2 under Faculty Issues need to be made congruent, even possibly using the exact wording to make it uniformed throughout the document.

Research: there have been very few changes as it’s been running very well.

Undergraduate Medical Education: changes were made in the evaluation and scheduling issues. If the committee finds issues that are of concern, they are to notify Dr. Levine.

Graduate Medical Education: the changes reiterate what is in the GME contract and pertain to evaluations, scheduling and processes. Dr. Rumack stated that if there is an unprofessional behavior by a resident, then Denver Health has the right to remove the resident from clinical service and asked to leave the hospital, but they can’t change their academic status or be asked to leave the program. She thought
that by notifying the department chair, the resident in question could be placed on probation or something similar. Dean Krugman said it would be a matter of the severity of the action. The letters of offer state that if you lose your medical staff privileges, you lose you faculty appointment, this is a nuance that needs to be addressed.

Oversight, Accountability and Dispute Resolution: The committee will be comprised of those with operational oversight at Denver Health and the SOM and will meet at least quarterly. Dr. Gabow said that there is an expectation for the Department Chairs to have meetings with the faculty at DH and the Dean and CEO have regular meetings.

The DH Director Service needs to be defined in the document.

Dr. Levine reiterated that any concerns, issues and comments can be sent to Drs. Gabow, Krugman and/or Levine. He’d like everyone’s comments by October 26, 2010.

II. Dean’s Comments

A. Search Updates:
   i. Department of Medicine Chair – still in negotiations
   ii. Department of Emergency Chair – interviews are starting in December
   iii. Director of UPI search is moving along with half the interviews done.

B. Quality Initiative will be reviewed at a later date

C. State of the School Address is October 20th and being broadcast to all institutions at 4:30pm.

III. The SOM Executive Committee meeting minutes from the September 21st, 2010 meeting were approved as written.

IV. GME Report: Dr. Rumack updated the committee on the duty hours and the Lean Retreat.

A. On September 28th, the ACGME board approved the final duty hours and will go into effect on July 2011. OSHA petition by the student union that OSHA taking over duty hours was too imminent and they want to prove that they are regulating duty hours and full compliance. The language says that the primary goal is to ensure patient safety and residents receiving training in a humanistic learning environment. Interns (1st year residents) are not allowed to have more than 16 hours a day, which boils down to 14 hours a day because they are required to have 10 hours in between each shift and must be under direct supervision. There will be no continuity clinics after 24 hours. There are 28 hours maximum for everyone over PGY1 level and interdisciplinary teamwork. The institution must ensure and monitor structured handoffs. There will be a plan and Denver Health has been a leader in this. More will be done about alertness management and fatigue mitigation. Safe transportation must be provided. Oversights have been logged duty hour violations since January 2010 and receive monthly reports. As of September 2010, the violations are significantly lower. Everyone is being pushed to produce their schedules for review. Pediatrics is having a 3 week pilot program in team rounding. The pre-rounding hours are being eliminated in this program and electronic medical records are being used to try and accomplish this. The completion plan will be that Dean Krugman will be
involving the faculty and coaching of the residents is very important. The Team-rounding would include nurses, pharmacists, etc. and entering orders as they go, this is key. If it can be funded by the hospital, it would be wonderful. Fast track discharges should increase the amount of resources if they are discharged the night before so they can leave first thing in the morning. An orientation will be planned for interns to help them get ready to start immediately without moving slowly.

The institutional review will be in April 2011. The internal medicine program review is next week.

Executive Session:

V. Sr. Clinical Appointments and Promotions Committee Actions were unanimously approved by the SOM Executive Committee.

VI. The Faculty Promotions Committee Roster was unanimously approved by the SOM Executive Committee.

VII. The Professor Emeritus appointment was unanimously approved by the SOM Executive Committee.

The meeting was adjourned at 9:31am.