

School of Medicine Executive Committee
Meeting Minutes
Tuesday, September 21st, 2010
Academic Office One, 7th Floor Board Room

Present: Bill Betz, John Cambier, Robert d'Ambrosia, Steve Daniels, Frank deGruy, Gerald Dodd, George Eisenbarth, Laurie Gaspar, Mark Gerich, Tom Henthorn, Randall Holmes, Ben Honigman, Herman Jenkins, Mark Johnston, Richard Johnston, Richard Krugman, Kevin Lillehei, Steve Lowenstein, Wendy Macklin, Naresh Mandava, Ed McCabe, Danielle McDermott, Thomas Meyer (VA), Dan Meyers, David Norris, Chris Nyquist, Chip Ridgway, Carol Rumack, Chesney Thompson, Andrew Thorburn, John Corboy (for Ken Tyler), Richard Traystman, Terri Carrothers, Robert Fries, Nan Bumgardner

Guests: Jean Hart, Ethan Carter, Doug Jones

- I. Greetings - Dean Krugman welcomed Ed McCabe, MD, Executive Director for the Linda Crnic Institute for Down Syndrome and Mark Gerich, MD and Danielle McDermott, MS, new Housestaff Representatives and he asked the SOM Executive Committee to introduce themselves.
- II. **Approval of the Minutes** – The minutes for the July 20th, 2010 SOM Executive Committee Meeting were unanimously approved as written.
- III. **Discussion Item**
 - A. **Ed McCabe, MD** - thanked everyone for being so welcoming and had to leave for a meeting downtown.
 - B. **Dean's Comments**
 1. *Denver Health Affiliation Agreement* – was last approved in 1995. Dean Krugman hopes to send the revised Denver Health Affiliation Agreement at least one week prior to the next SOM Executive Committee Meeting which will be at Denver Health on October 19th. Faculty relationships are important Denver Health Physicians are full time faculty at SOM and there are GME and UME issues involving the integrated Department of Emergency Medicine, similar to National Jewish and the integrated department in Immunology. Dr. Gabow and Dean Krugman worked on this document back in 1995 to document the positive relationship between Denver Health and the SOM with the hope that it would have outlived Dr. Gabow and Dean Krugman's tenure. A lot has changed in healthcare and in the hospital environment which will have an impact on the agreement. There is a separate Children's Hospital / Denver Health Affiliation Agreement that is being worked on separately about child healthcare.

The National Jewish Affiliation Agreement is also from 1995. The affiliation is being reviewed, the current document basically states that we have an academic mission in common, that we, the faculty and scientists, at

National Jewish would have full time faculty positions at the school and that they would be involved in the searches for Department Chairs, Division Chairs, etc. This was true for the first five years, however, for the last decade it was not particularly adhered to. National Jewish has hired a number of clinical faculty to develop clinical programs which our departments/divisions knew nothing about and we didn't do a good job of including National Jewish in the search process for our department/division heads. National Jewish is having conversations with both University Hospital and Children's about their clinical programs. It is difficult to navigate and have firm academic affiliations when the hospitals themselves are their own entity with their own boards, visions, missions and their own views of where they should go. While none of these are adverse to the academic program at the SOM, but sometimes the issues between two hospitals finds the SOM is caught in the middle. Dean Krugman feels that the SOM needs to be close to each of the five affiliations we have; National Jewish, Children's, University Hospital, Denver Health and the VA Hospital.

2. SOM Executive Committee Meeting at Denver Health – reminder that the next SOM Executive Committee Meeting will be at Denver Health on October 19th at 8:00am. Information on the meeting and parking instructions will be sent out prior to the next meeting.
 3. Searches – Dr. Krugman updated the committee on the searches that are currently open.
 - a) Department of Medicine Chair – Discussions continue with Dr. David Schwartz from National Jewish. Dean Krugman hopes that by the next SOM Executive Committee Meeting (October 19th) he will have an update and the search will be closed.
 - b) Department of Emergency Medicine Chair -The Department of Emergency Medicine search committee continues to review the CV's received and contact those whose names have been given as possible candidates.
 - c) UPI Executive Director – Airport interviews have been scheduled for 3 days in October for 12 applicants.
 4. Given Institute Status – Discussions continue regarding the sale of the Given, and things are still in limbo.
- C. **GME Report** – Dr. Carol Rumack presented the GME Annual Report and the Duty Hours and the LEAN Retreat. Last year's annual report was summarized. In 2009 there were 959 Residents and Fellows (mostly Resident). In 2010 there are only a few more, not growing as much as in previous years. Most of the growth was in Fellowship programs. There has been a slight change in the Enrollment trend from 2009 to 2010. The programs are in good shape as a whole. Debt continues to rise; the average in

2009 was \$156,000. 27% of the graduates go into academics (regular plus clinical faculty), private practice is around 33% and further training is slightly more than 33%. Primary care physicians (65%) tend to stay in the area (Colorado, Wyoming and Montana). The GME committee and hospital steering committee planned a retreat which happened September 7-10, 2010. The LEAN Retreat – LEAN stands for being “thinner” and “tossing out all waste”. This was hosted by Dr. Patricia Gabow and Denver Health and done because of the resident’s work hours at UCH and the nation which will be implemented in July 2011. There will be major changes in schedules and duty hours. Violations and the changes that are being made to correct them were addressed. Multiple groups interviewed residents about the issues on the floor; (1) hours collecting data; (2) interruptions; (3) sign out processes; (4) resources not being shared; (5) lack of standard processes; (6) no structure for rounds; (7) redundant / duplication of work; (8) multiple rounds; (9) calling the PCP, prescriptions, etc.; (10) too many patients at night; (11) follow up with patients in the evening; (12) computer orientation and training. There is a need for faculty involvement and coaching. One of the goals was to have discharging rounds in the evening so people are done and gone by 7:00am the next morning. Having computers on wheels has also proven to be so much more efficient. Dean Krugman reminded the committee that the Institutional Review is only about one year away. That is all accrediting bodies. There have been a number of institutions that have been placed on institutional probation for failing to make progress in these areas. This process is necessary to make sure this does not happen to us. If there are those who do not think this is a big issue, Dean Krugman would like to discuss this with them. If there are doubts or worries, please let him know.

- D. **Faculty Senate Report** - met for the first time and Dr. Chesney Thompson thanked the Executive Committee for their strong support. One of the things for accomplishing this year is to strengthen and force a dialogue between the Senators and their base. There has been quite a bit of attrition over the years. They’d like to encourage dialogue from the individual departments and divisions and the senators. David Thompson (a Chair of the Faculty, AMC) came to their meeting and discussed the relationship between the Faculty Assembly and Faculty Senate. The Faculty Assembly is an elected group of individuals who represent the academic enterprises on campus – an advisory group to the chancellors. Steve Lowenstein updated the Faculty Senate. The group unanimously approved a committee made up of 8 faculty members (4 clinical and 4 basic sciences) which will be responsible for overseeing the academic status of students.
- E. **BioSafety Program of Environmental Health and Safety, Dr. Ethan Carter** – there have been compliance problems that have occurred in the recent past. There are possible pathogens and biological toxins that can possibly be weaponized and viruses located on this campus. List of select agents are reviewed periodically, last July was the latest time. These are regulations governed in the use and storage of select agents. Having select agents at an institution requires having registration, training, background

investigation through the Dept of Justice, assurance of materials secured, appointment of a responsible person to oversee these select agents and all laws are adhered to. Various schools have been hit with violations for not following these laws and regulations. There are 3 laboratories that are using select agents on this campus. In 2005 or 2006, a laboratory here received a sample from another institution and when working with this agent, it was not behaving right. What they thought they were using was a “non-select” agent and it turned out to be a select agent. Once this was discovered, samples were secured and freezers were inspected and the CDC was notified. No issues/case closed. Fast forward to 2009, a non-select agent was not behaving as expected and they found out it was the select agent from the earlier samples. Response to CDC was there was 100% inventory of all freezers. On September 1st, as directed by the CDC, a questionnaire was sent out from Dr. Traystman’s office requesting information on the compounds/pathogens or biological specimens and if they do it needs to be returned to EHS office and given 90 days period to complete this. What the CDC wants is 100% inventory of all freezers, approximately 1500 freezers which physically have to be inspected. Investigators need to work with EHS to accomplish this task. The CDC requires quarterly updates. Dr. Carter asked that the SOM Executive Committee to please make sure that this questionnaire is completed. Out of 1200 sent out, only 50 have been received. He needs the help from each person to accomplish this task. There will be spot checks of some labs and those with higher risks will be checked more rigorously.

IV. Action Items

- A. All Sr. Clinical Appointments and Promotions were unanimously approved by the SOM Executive Committee.

9:30 am Joint Session with the UPI Board Quality Task Force/Initiative Report – Dean Krugman

Dean Krugman brought these two groups together (SOM Executive Committee and UPI Board) in a joint meeting for an overview of the Quality Task Force Initiative Report. He reviewed the history, where we came thus far and where we’d like to go. The top three contributors in making this move to Fitzsimons happen were Phil Anschutz with \$105M, the State of Colorado with \$202M, Clinical Faculty through the SOM contributed \$225M. The second major challenge over the last decade was taking a traditional department based curriculum to a new curriculum in place because LCME wanted changes made. There have been great contributions over the years, the “real” contribution was when 45 faculty, 8 chairs, a number of faculty, alumni, residents and students that formed a curriculum task force that met every two weeks from January 2003 for 18 months, reviewed other curricula from other institutions that make up the curriculum that we now have. The LCME pointed out in 2009 that they are very happy with this effort. What makes this happened are our people, the geography, the culture, the intense collaboration, and (per Lilly Marks) the fine balance between academic socialism and capitalism that’s practiced here. We are capitalistic enough to look for all the resources we can generate and at the same time

reinvest in what really makes this academic institution great. Finally, UPI brought in \$7M to the SOM in 1982 and now \$375M annually. Dean Krugman presented this at the State of the School last year. UPI continued to have its most successful year, and the building was sold. There are clearly islands of excellence in all the clinical programs, but the kind of collaboration and integration that we need to have is not something is a big challenge for the future. Because of the underlying reliance of the entire academic mission at the SOM, being reliant on the cross-subsidization and clinical enterprise, to the extent that if the clinical enterprise doesn't thrive, it puts all of our missions in jeopardy. At the UPI Board Meeting in January 2010, these were stated as the three big challenges of this year.

The opportunities we have here are huge. As each year that goes by that we live on this campus that has all of us together, UCH, TCH, VA (soon), it has palpably increased the intercampus collaborations and clinical care and learning. The interprofessional education programs with nursing, dentistry, pharmacy and public health have taken off. The collaboration in administrations has begun. The shared capital investments in UCH & TCH, the research programs are all huge opportunities to continue. In the clinical arena, the opportunity for comprehensive care among the life course bringing seamless transitions for the chronically ill, from child to adolescent to adult, are huge.

Accountability in quality and safety are still a challenge. Each hospital, UCH and TCH, has addressed this before. Patient safety has to become a property of our campus-wide system. The quality of our patient experiences are of extraordinary quality. The shortcomings of all institutions and clinical enterprises are shared. No one really understands the differences between the SOM, UCH, TCH, etc. – all share the issues.

A Quality Task Force was put together with 7 members with Doug Jones agreeing to chair this task force. A few months ago, a retreat was held and included Dept Chairs, Center Directors, Division Heads, UPI and hospital leadership came together and looked at the quality in the education and clinical arenas, the faculty continuing medical education, and the maintenance of certification arenas. The task force put together an ideal scenario for 2013, which was reviewed by a wide variety of folks, including the CEO's of both hospitals. Benefits are starting to be seen by the new governance which has helped galvanized what is going on this campus. The AMC Executive Council which is chaired by Lilly Marks, Bruce Schroffel, Jim Schmerling and Dean Krugman (and when hired, the selected Executive Director of UPI) are/will be talking about joint issues and opportunities. The Senior Associate Deans group has been reorganized to focus on clinical integration and quality, to include Dr. Doug Jones who will help lead in these areas. Dr. Joel Levine who has always overseen GME and CME will also focus on quality issues and will push the quality and clinical integration themes within GME & CME as well, to make this "across-the-board" effort. All clinical chairs and clinical program directors at UCH, TCH, UPI and COHO will become engaged in this effort. Dr. Henthorn has been asked to chair a task force to identify what the next steps are. There are questions to be answered:

- 1) What are the expectations that we should hold ourselves accountable to attain with regard to clinical quality, access and safety?
- 2) What structure should be in place across all our departments and the myriad of clinical programs and centers to be able to manage the clinical enterprise in a way that it is not a

loose confederation of 80-90 separate clinical programs, many of most of which are excellent, but some of which may or may not be?

- 3) Doing that, how should success actually be measured?
- 4) How should it be rewarded? Reward success in this effort, not just for our faculty, but for the individuals who are leading it as well as their chairs. There are a lot of ways to reward this sort of process and we need to do it.

Dr. Henthorn has accepted this undertaking and will lead a 15 person task force. Dr. Doug Jones will staff the group.

We need to accept that Clinical Excellence needs to be academic priority. We need to look at what works and do more of it. We need to learn from one another, we need to anticipate impediments to change and develop plans for each one. We need to have a simple and consistent measure to be repeated and modeled endlessly. We will be able to adapt and excel as we have in the past. No one said that moving here as a campus before a curriculum change would be easy. This will probably be, compared to those efforts, the hardest thing we've done. We can be preeminent in clinical care and that's what the promise of this campus is and the logical consequence is that the research, educational and academic programs will be positioned to thrive for the next 20-30 years.

The meeting adjourned at 10:05 a.m.