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COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
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October 28, 2005

TO: Each Supervisor

FROM: Thomas Garthwaite, M.D.
Director and Chief Medical Officer

Bruce Chernof, M.D.
Senior Medical Director
Clinical Affairs and Affiliations

SUBJECT: **DREW UNIVERSITY'S RECOMMENDATIONS ON OCTOBER 18, 2005**

The Department of Health Services (DHS) has carefully reviewed the four recommendations provided to your Board at the October 18, 2005 meeting. The Department's perspective on these recommendations are:

Recommendation 1: Chairs have full authority to take immediate disciplinary actions.

While this authority has existed, expectations and monitoring of timeliness of this has not. Drew University's (Drew) Department Chairs are also King/Drew Medical Center's (KDMC) Service Chiefs. The Service Chiefs already have the specific responsibilities to document issues and take action when necessary in their Department. The Services Chiefs need appropriate and timely guidance, investigation, and action by DHS Human Resources when issues arise that go beyond the responsiblities of the Service Chief/Department Chair. DHS has developed specific performance timeframes for Human Resources actions involving physicians. The attached chart describes, the responsibilities and resources directly available to a Department Chair/Service Chief as well as the specific commitments by DHS Human Resources to address issues that require DHS intervention.

For issues related to Service Chief/Department Chairs, the Drew Dean can take direct action within Drew for any performance issues related to academic activities and can directly notify the KDMC Medical Director and CEO of any Department Chair/Service Chief where DHS human resources actions are necessary.

Recommendation 2: Implement formal contracts requiring annual performance evaluation and linking stipends to the annual review.

DHS strongly supports this recommendation.

Recommendation 3: Establish a process that permits the Drew President and Dean to be active members of the Hospital Medical Executive Committee (MEC).

DHS supports this recommendation. The Department believes that communication between the Chairs and Human Resources as well as between KDMC and Drew needs to be improved. Ex-officio membership can be implemented immediately under the current bylaws. This request will be on the agenda at the MEC's next meeting which is November 2, 2005.

Recommendation 4: Drew employs an internal auditor to regularly and thoroughly assess compliance.

DHS strongly supports this recommendation.

<u>DHS Recommendations for next steps</u>

DHS has worked hard to fully implement and monitor the Medical School Operating Agreement (MSOA). With the change in leadership at Drew, the Department believes that Drew has committed itself to a path of collaboration and educational excellence. In its September 22, 2005 memo to your Board on the status of Drew University and the Affiliation Agreement, the Department outlined a series of specific recommendations to your Board. The goal of these recommendations were three fold: 1) to continue to build confidence through Drew's demonstration of the implantation of promised reforms; 2) to describe changes that need to occur in the current MSOA to better align it with actual service delivery; and 3) to signal clearly to potential residency applicants that the Department and the Board intend to allow the University to participate in this year's match.

DHS' specific recommendations are:

1) Plan on allowing KDMC to participate in the residency match this winter.
2) Direct County Counsel to work with the Department to amend the current MSOA to allow increased flexibility with appropriate monitoring for both clinical and academic work.
3) If both the ACGME Institutional Review and CMS Full Conditions of Participation survey have positive outcomes, direct County Counsel and the Department to negotiate a one-year extension of the MSOA with Drew. Any additional flexibility or change in structure would be based on the University's performance over the next year. To assess the University's progress the Department recommends:
    - Continued monitoring of all elements of the MSOA for full compliance.

- A written plan with monthly updates on the status of President, Dean and Department Chair Searches.
- Monthly updates on the ACGME Site Visit Corrective Action Workplan.
- Within 60 days, development and joint approval of a standardized set of criteria for the award of faculty level stipends consistent with MSOA requirements. Completion of an analysis, reconciliation and appropriate adjustments if necessary to the current stipend structure.
- Within 60 days, development of a written program to convert faculty to one-year contracts, with the development of the contracts to include criteria for annual evaluation and renewal. Evidence of implementation to include monthly updates by clinical department of the number and percent of faculty receiving stipends that have been converted to one-year contracts.
- Within 60 days, development of a formal academic evaluation process to assess suitability for retention of academic title and promotion. Provide evidence that all faculty have had a completed academic evaluation under the terms of this new program prior to the beginning of contract negotiations for the one-year extension.
- Within 60 days, development and implementation of appropriate HR processes within the University to approve and track offsite work consistent with County and Drew's policies.
- By November 8, 2005, provide an update to the internal plans for specific residencies, pending the results of upcoming Residency Review Committee site visits and changes in the clinical program currently under consideration by your Board. This update should include information about strategic partners and their financial contributions to specific residency programs. This update should specifically outline any mergers, integrations, downsizings or closures of training programs consistent with the hospital's clinical program, patient mix and volume patterns.

We request that these recommendations and Drew's recommendations be accepted by your Board at the November 1, 2005 meeting.

TLG:bc
510:020

Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

Type of Problem	Examples of Problems	Responsible Party	Responsibilities	Examples of Actions	Time Frame	Accountable Institution
Administrative @ LA County Facility	• Poor bedside manner • Attendance • Time card fraud/abuse • Harassment • Theft • Drug/Alcohol at work • Theft • Take visitor to OR	• Service Chief (same person is Dept Chair for University)	• Work with Human Resources to initiate investigations and disciplinary or other actions • Training • Proctoring/Precepting • Peer Review • Accurate and complete personnel file documentation • Performance Evaluation	• Verbal counseling • Confirmation of counseling memo • Needs improvement Performance evaluation	• As needed and clinically indicated	LA County (and Drew as applicable)
		Some of the following: • Medical Director • CEO • HR • Audit & Compliance • Office of Affirmative Action Compliance	• All parties ensure ongoing communication on case • Quality investigations	• Counsel • Reprimand • Suspend • Discharge • Investigate • Suspend (18.01) while investigating	• HR advice within 24 hours of call • Discipline intent letter issued within 30 days of case receipt	LA County

Type of Problem	Examples of Problems	Responsible Party	Responsibilities	Examples of Actions	Time Frame	Accountable Institution
Clinical @ LA County Facility	• Incomplete or untimely charting • Guide wire or clamp left in patient • Wrong medication prescribed • Malpractice • Improper blood usage	• Service Chief (same person is Dept Chair for University)	• Work with Human Resources to initiate investigations and disciplinary or other actions • Training • Proctoring/Precepting • Peer Review • Accurate and complete personnel file documentation • Performance Evaluation	• Verbal counseling • Immediate Change in Clinical Assignment within the Dept if indicated • Confirmation of counseling memo • Referral to Hospital credentialing/privileging and Peer Review committees for additional action • Needs improvement Performance evaluation	• As needed and clinically indicated	LA County (and Drew as applicable)
		Some of the following: • Medical Director • CEO • Governing Body • Medical Staff Committee • Credentials Subcommittee	• All parties ensure ongoing communication on case • Quality investigations • Performance evaluation	• Proctor • Training • Peer review • Suspend Privileges • Remove Privileges • Remove from Medical Staff	• HR advice within 24 hours of call • Discipline intent letter issued within 30 days of case receipt	LA County

Type of Problem	Examples of Problems	Responsible Party	Responsibilities	Examples of Actions	Time Frame	Accountable Institution
Academic @ LA County Facility or Affiliated University or Administrative @ Affiliated University	• Poor supervision of residents or students • Poor teaching ability • No publications • No grants • Administrative issues at the University (e.g. harassment)	• Department Chair • Dean • Provost • President • Board of Trustees	• All parties ensure ongoing communication on case • Investigation and corrective action • Performance evaluation	• Counsel • Suspend • Adjust stipend or salary • Remove from leadership position • Terminate for cause • Terminate for failure to advance (up or out)		Drew University

Notes:

1. Building the case: where there is well documented, severe infraction – actions are taken in a timely manner and usually sustained; where there is little documentation and the problem is less severe – cases are more protracted and may not be sustained.

2. Communication and collaboration between LA County and the Affiliated University has been problematic at some sites at times in the past.

3. It is extremely important to train physician managers to get HR advice and guidance early and often throughout the process.