Chair Fye called the meeting to order at 5:40 pm

Approval of the Minutes of the Meeting of October 24, 2007 (Attachment I)
The minutes were approved.

Chair’s Report and Announcements
None.

Discussion Regarding the UCSF Patient Population – Reece Fawley, Executive Director, Health Plan Strategy and Revenue Management, UCSF Medical Center
Increasingly, Medi-Cal patients are traveling to UCSF from greater distances for care that is available in their communities because they cannot get access to these services. In order to address current capacity limitations at UCSF and help assure necessary access to our specialized services the Medical Center is considering giving the highest priority to patients who receive most of their care at UCSF and to patients most in need of our specialized services. The proposed plan will not apply to women and children and will focus on the adult ambulatory population.

While there will still be some variability in access across individual clinics, the goal is to move the ambulatory setting to a more consistent approach to patient scheduling. This policy should also help facilitate needed referrals within the UCSF setting (between practices). This discussion with the Committee may be continued at a future meeting.

Update on UCare (Attachment I) – Michael Blum, Chief Medical Information Officer, UCSF
M. Blum presented the current status of the UCare clinical information system project to the Committee, including the inpatient, ambulatory, and ICU efforts. Status and schedule of the cPOE deployment, medication management, and clinician documentation were also covered. The cPOE deployment has been
delayed over two years due to code development and delivery delays on the part of the vendor (GE Healthcare). UCSF is scheduled to receive the complete code at the end of May 2008, and then will need approximately 18 months to build the system and bring it to pilot.

In the near term, UCare Note Writer, a new web-based clinician documentation system, will be rolled out to decrease the burden on the clinicians and improve the quality of documentation. The new tool supports import of vital signs and labs, one piece attending and resident notes, control of patient context (inability to put notes in the wrong chart) and automatic correction of “Do Not Use” abbreviations. Also, the copy-paste functionality is much better controlled to address some of the quality issues noted in the current documentation. UCare Note Writer has been piloted for over two months on the Medicine Service with good performance and feedback. Also, a new medication list is in development that will be imported into UCare to eliminate manual typing and the associated errors. Clinicians will need to change their culture around medication lists and realize that the imported UCare list, which reflects the pharmacy list, is the patients’ actual med list, rather than their orders or what they may have written elsewhere. If there are discrepancies, the clinicians need to correct them (write an order to correct it – as for allergies).

M. Blum will update the Committee when the dates for cPOE are firmer.

**Adjournment**
Chair Fye adjourned the meeting at 6:27 pm.