Clinical Affairs Committee
Brad Hare, MD, Chair

MINUTES
Wednesday, October 28, 2009

PRESENT: Brad Hare (Chair), Steve Pletcher (Vice Chair), Karen Duderstadt, Mehran Hossaini, Amy Houtrow, Susan Janson, Max Meng

ABSENT: Shoshana Arai, Chris Barton, Christine Cheng, John Feiner, Marcus Ferrone, Shelley Hwang, Brent Lin, David Morgan

GUEST: Elena Gates, Vice Chair, Obstetrics, Gynecology and Reproductive Sciences

The Clinical Affairs Committee (CAC) was called to order by Chair Hare on October 28, 2009 at 4:35 p.m. in room S 30. A quorum was present.

Chair’s Announcements
Chair Hare updated the committee on other meetings. He attended the Executive Committee, which worked on finessing its priorities for the year; they are consistent with the CAC’s priorities.

The CAC November 2009 meeting will provide an update on the Brown & Toland/Hill Physician situation; please review the strategic plan included in materials in preparation for this. Josh Adler and Jay Harris are invited guests.

The December 2009 meeting will be a joint meeting with School of Medicine Faculty Council on Thursday December 17 from 3:30 to 5pm in S 118 (NOTE DATE AND TIME CHANGE). This meeting will cover IT issues including the EPIC conversion. Michael Blum and Russ Cucina are invited guests.

Chair Hare has been sitting in on the Dean’s Meeting at SFGH. On the last state audit at SFGH, an item that was noted for improvement was completion of medical records, especially of discharge summaries. CAC members noted a similar issue at Parnassus, but focused on discharge diet and activity orders. Solutions to these issues seem to be campus-specific (and may even be service-specific) and should be considered when addressing electronic medical records. This issue applies to trainees across the system such that a cultural shift is required, which would emphasize timely and full completion of medical records at all sites.

Approval of Minutes from September 23, 2009 Meeting
The minutes were approved. They will be posted to the Academic Senate website by the Senate office.
Physician Performance Evaluation/Physician Oversight of Trainees – Elena Gates, President, Medical Staff

a. Physician Performance Evaluation/Medical Staff Bylaws 2009 Amendments (Revised Board Certification Requirements)

This would require attending physicians at Parnassus to be board certified in the specialty in which they practice. Exceptions which would be granted may include physicians who trained in another country and may not be eligible to sit for board exams or in specialties where board exams do not exist. In such cases, the Department Chair may write a letter of exception.

b. Attending Physician Oversight of Trainees

The issue of appropriate attending physician oversight of trainees is being addressed. One proposal is creating a service-specific list of conditions or events for which residents or fellows would be required to notify an attending physician. An example of such a list was provided from the Department of Surgery at Brigham and Women’s Hospital.

The CAC supported these efforts and provided input to Dr. Gates, including that the approach should be two-pronged: 1) creating a list of explicit events which require notification in order to set clear expectations; and 2) foster a UCSF-wide culture where attendings take an active role in patient management and trainees feel supported when contacting attendings.

In reviewing the supervision policies for Mt. Zion, SFGH, Moffitt-Long, and VA Hospitals, most of them seem common sense and vague. Of course the next question is how specific should the policies be? This would best be determined at the level of departments or clinical services, as certain services have unique reporting requirements (ie, laboratory medicine, radiology, pathology).

Also raised is the chain of command between house staff, residents, fellow, and attending physicians and who should call the attending. Also an issue is with night floats, who admit overnight but the team assignment for new admissions may not occur until the next morning. Also, attendings may not be called if someone isn’t admitted.

ACTION: Letter to come from this committee to Elena Gates supporting the efforts of the Task Force and requesting more objective and specific supervising policies.

Mission Bay Hospital Planning
Elena Gates provided the website link which shows the progress on Mission Bay Hospital Planning (missionbayhospitals.ucsf.edu). Contractors are already engaged in design through computer 3-D programs. This will save money ultimately, which can then be put toward clinical matters. Examining at the relationship between clinical services at Mt. Zion and Parnassus Campus may be instructive for anticipating issues at Mission Bay v. Parnassus.

On hold or undetermined as of yet is when the planning for medical staff personnel for Mission Bay Hospital will be decided. Also unclear is where the faculty offices will go. Call rooms have been built into the design already. Flexibility for those rooms must be built in to accommodate trainees.

Reports from the Schools
Medicine
David Morgan came to the October SOM Faculty Council to discuss the Brown & Toland/Hill Physician situation. Josh Adler and Jay Harris will be attending the November 2009 Clinical Affairs meeting to discuss from a clinical pov.
Nursing
In 2010, the Dean is stepping down (but not necessarily retiring). Also, the proposal to change curriculum has been approved and is moving forward.

Dentistry
None.

Pharmacy
None.

Old Business
None.

New Business
None.

Chair Hare adjourned the meeting at 5:50 p.m.

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