

COTH INSTITUTIONAL MEMBERSHIP MEETING  
Friday, November 12, 1976  
Imperial Ballroom  
San Francisco Hilton Hotel  
San Francisco, California  
1:00 p.m. - 2:00 p.m.

AGENDA

- I. Call to Order - Introductions Charles B. Womer, COTH Chairman  
President, University Hospitals  
of Cleveland
- II. Report of COTH Staff James I. Hudson, M.D.  
Director, Department of Health Services
- Richard M. Knapp, Ph.D.  
Director  
Department of Teaching Hospitals
- III. Report of the COTH Chairman
- IV. Report of the COTH Nominating Committee and Election of Officers Sidney Lewine, Chairman  
COTH Nominating Committee
- V. Presentation of Awards
- VI. Installation of Incoming Chairman
- VII. New Business
- VIII. Adjournment

COTH GENERAL SESSION  
2:00 p.m. - 5:00 p.m.

CLINICAL CASE MIX DETERMINANTS OF HOSPITAL COSTS

Moderator: David D. Thompson, M.D.  
Director, New York Hospital

Speaker: Clifton R. Gaus, Sc.D.  
Director, Division of Health Insurance Studies  
Social Security Administration

Panel: John D. Thompson  
Chief, Division of Health Services Administration  
Yale University School of Medicine

Charles T. Wood  
Director, Massachusetts Eye and Ear Infirmary

Baldwin G. Lamson, M.D.  
Director, UCLA Hospital and Clinics

*Ms. Littlemyer*



**association of american  
medical colleges**

COUNCIL OF TEACHING HOSPITALS  
MEETING SCHEDULE

AAMC ANNUAL MEETING  
San Francisco Hilton Hotel  
San Francisco, California

Friday, November 12, 1976

7:30 - 9:00 a.m.      *COTH ADMINISTRATIVE BOARD BREAKFAST*      Whitney

AGENDA

- I. Call to Order
- II. Approval of Minutes
- III. Membership Applications: Page 1
  - A. Mount Sinai Hospital Page 22  
Hartford, Connecticut
  - B. Hackensack Hospital Association Page 41  
Hackensack, New Jersey
- IV. COTH Nominating Committee Report Mr. Lewine
- V. COTH Suggestions for Agenda of AAMC Officers Retreat
- VI. Discussion: Activities of the Liaison Committee Dr. Heyszel  
on Graduate Medical Education
- VII. New Business
- VIII. Adjournment

9:30 - 11:30 a.m.      *COD/COTH JOINT PROGRAM*      *Ballroom 6*

THE COMMISSION ON PUBLIC GENERAL HOSPITALS

"Activities of the Commission"  
Russell A. Nelson, M.D., Chairman

"Issues for State University-Owned Hospitals"  
John R. Hogness, M.D.

"Issues for Big City Public Teaching Hospitals"  
Joseph V. Terenzio

Friday, November 12, 1976

Noon	<i>COTH LUNCHEON</i>	Imperial Ballroom
1:00 p.m.	<i>COTH BUSINESS MEETING</i>	
2:00 p.m.	<i>GENERAL SESSION</i>	

CLINICAL CASE MIX DETERMINANTS OF HOSPITAL COSTS

Moderator: David D. Thompson, M.D.

Speaker: Clifton R. Gaus, Sc.D.

Panel: John D. Thompson  
Charles T. Wood  
Baldwin G. Lamson, M.D.

Saturday, November 13

9:00 - Noon	<i>PLENARY SESSION</i>	Continental Ballroom
Noon - 1:30 p.m.	<i>COTH PAST CHAIRMEN'S LUNCHEON</i>	Embarcadero
1:30 - 4:00 p.m.	<i>AAMC ASSEMBLY</i>	Ballroom 5

Sunday, November 14

9:00 - Noon	<i>PLENARY SESSION</i>	Continental Ballroom
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
COTH ADMINISTRATIVE BOARD MEETING

Washington Hilton Hotel  
Washington, D.C.  
September 16, 1976

MINUTES

Present:

Charles B. Womer, Chairman  
David D. Thompson, M.D., Chairman-Elect  
Sidney Lewine, Immediate Past Chairman  
David L. Everhart, Secretary  
Leonard W. Cronkhite, Jr., M.D.  
Robert M. Heyssel, M.D.  
Baldwin G. Lamson, M.D.  
S. David Pomrinse, M.D.  
Malcom Randall  
John Reinertsen  
Robert E. Toomey  
John Westerman  
Paul Earle, AHA  
William T. Robinson, AHA Representative

Absent:

John W. Colloton  
David A. Gee  
Stanley R. Nelson  
John M. Stagl

Staff:

James D. Bentley, Ph.D.  
Armand Checker  
James I. Hudson, M.D.  
Richard M. Knapp, Ph.D.  
Catharine A. Rivera

I. Call to Order:

Mr. Womer called the meeting to order at 9:00 a.m. in the Independence Room of the Washington Hilton Hotel.

II. Consideration of Minutes:

The minutes of the June 24, 1976 COTH Administrative Board Meeting were approved as circulated.

III. Follow-up Items to June COTH Board Meeting:

Dr. Pomrinse reviewed current developments in the representational dispute between the Committee of Interns and Residents (CIR) and the Misericordia Hospital Medical Center in New York City. CIR had requested the New York State Labor Relations Board to designate them as the exclusive bargaining agent for house staff at Misericordia. However, upon receipt of an NLRB advisory opinion obtained by the hospital, the state labor board declined jurisdiction in the case. CIR is presently suing the State Labor Relations Board in the New York State Court. The issue in the suit is directed to determining whether state or federal jurisdiction will prevail in the CIR versus Misericordia case.

Mr. Womer summarized discussions that Association staff had with Carl Vogt, the attorney representing the AAMC in the NLRB house staff case. It was Mr. Vogt's opinion that the Association not join the suit by filing an amicus at the state court level. He did recommend, however, that the Association seriously consider joining as an amicus at the federal court level. Following a discussion of Mr. Vogt's opinion and its rationale, the following action was taken:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD RECOMMEND THAT THE AAMC EXECUTIVE COUNCIL AUTHORIZE THE ASSOCIATION TO JOIN AS AN AMICUS IN THE MISERICORDIA SUIT AT THE FEDERAL COURT LEVEL WHEN AND IF DEEMED ADVISABLE BY THE STAFF IN CONSULTATION WITH LEGAL COUNCIL.

A further discussion following approval of the recommendation concerned the possibility of AHA joining in the amicus suit. It was decided that the prospect of a joint amicus was a judgment issue that should be resolved by lawyers and staff from both Associations.

IV. Membership:

The Board reviewed two applications for full membership and one for corresponding membership, and took the following action:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE FOLLOWING APPLICATION FOR COTH MEMBERSHIP BE RECOMMENDED FOR APPROVAL TO THE EXECUTIVE COUNCIL:

THE LANKENAU HOSPITAL  
PHILADELPHIA, PENNSYLVANIA

Following discussion, the application of Mt. Sinai Hospital in Hartford was tabled pending receipt of more complete supporting documentation. The information submitted by Mt. Sinai Hospital included an affiliation agreement which expired in December, 1975 and which failed to discuss the extent of the hospital's participation in the integrated residencies of the University of Connecticut.

ACTION: IT WAS MOVED, SECONDED AND CARRIED THE THE FOLLOWING APPLICATION FOR CORRESPONDING MEMBERSHIP BE RECOMMENDED FOR APPROVAL TO THE EXECUTIVE COUNCIL:

VETEANS ADMINISTRATION HOSPITAL  
BOISE, IDAHO

V. Joint Commission on Accreditation of Hospitals:

A. Termination of faculty status in University Hospital

Mr. Westerman outlined the history of JCAH Deputy Director Graham's letter to Dr. Knapp. (Copy on following page.) A number of observations were made to the effect that due process is provided by medical and dental schools for aggrieved faculty members, and that this is the appropriate mechanism for grievances involving faculty termination regardless of intention or motivation. Provision of an alternative route through medical staff by-law provisions would confuse and impede the resolution of such matters. If the affiliation agreement between a medical school and teaching hospital provides that medical staff status is dependent on faculty status, the hospital could not restore medical staff membership without the medical school restoration of the faculty appointment. The hospital is therefore unable to redress a wrongful faculty act, regardless of the facts of the case. Based upon this discussion the following action was taken:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD RECOMMEND TO THE EXECUTIVE COUNCIL THAT THE SECOND SENTENCE IN THE PERTINENT PARAGRAPH OF DR. GRAHAM'S LETTER BE DELETED, AND THAT NO SUBSTITUTION BE INSERTED IN ITS PLACE.  
(A letter from Dr. Cooper to Dr. Graham is attached as Appendix A to these minutes.)

B. Guidelines for the Application of Hospital Accreditation Standards in Surveying University Hospitals

Mr. Westerman opened the discussion with a review of the membership of the Commissioners on the JCAH. He expressed concern that there did not seem to be a close liaison between the teaching hospital community and any particular group of Commissioners, and he suggested that a mechanism be devised to incorporate the viewpoint of teaching hospitals in JCAH deliberations.

Following a discussion of this observation, the following action was taken:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD REQUEST STAFF TO CONSIDER THE ROLE THAT AAMC SHOULD UNDERTAKE IN COORDINATING THE INTERESTS OF TEACHING INSTITUTIONS WITH RESPECT TO THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS.

**Joint  
Commission**  
*on Accreditation of Hospitals*

875 North Michigan Avenue Chicago, Illinois 60611

August 24, 1976

John D. Porterfield, M.D.

Director (312) 642-6061

Doctor Richard Knapp  
Association of American Medical Colleges  
Department of Teaching Hospitals  
Suite 200, One Dupont Circle NW  
Washington, D.C. 20036

Dear Doctor Knapp:

Doctor Dimond of the Hospital Accreditation Program staff has indicated that a committee of your organization will be reviewing in September the proposed JCAH guidelines for application of HAP standards in surveying university and other non-university teaching hospitals. Would you please also consider the following new standards language proposed to be included in the Medical Staff and the Governing Body and Management sections of the *Accreditation Manual for Hospitals*:

Where the appointment and reappointment to the hospital's medical staff is contingent on appointment to the faculty of a university's medical or dental school, the loss of faculty status in the medical or dental school automatically results in the loss of medical staff membership and clinical privileges in the hospital. No due process is required in this case unless it can be shown that the hospital authorities induced the faculty action by the university in order to obtain hospital separation while avoiding due process.

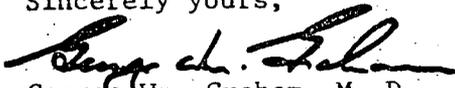
Legal review resulted in a recommendation to replace the second sentence with this one:

In such cases the medical staff bylaws should provide for a hearing in instances where there are reasonable grounds to believe that the hospital authorities induced the faculty action by the university in order to obtain hospital separation without a hearing.

The Standards-Survey Procedures Committee on the Board of Commissioners will be considering this matter at its meeting on Saturday, October 2, and would appreciate any comments or suggestions your Committee might have on the proposed standards language.

Thank you for your assistance.

Sincerely yours,



George Wm. Graham, M. D.  
Deputy Director, JCAH

Mr. Westerman then opened discussion of the document entitled, "Guidelines for the Application of Hospital Accreditation Standards in Surveying University Hospitals," by describing how COTH had used an ad hoc committee to review this area of concern beginning in 1971. That committee produced an original report which was circulated in June, 1974. A revised draft was completed in the early part of 1975, approved by the COTH Board and AAMC Executive Council, and forwarded to the JCAH. The "Guidelines" represent an effort by the JCAH to respond to the points raised in the AAMC paper which were concerned with hospital governance, medical staff organization, medical staff appointments and terminations, the role of house officers, medical audit activities, teaching hospital organizational complexities, and the survey process itself. The guidelines were reviewed and discussed thoroughly. The staff was directed to incorporate the discussion into a revised draft which should appear for review and action in the January agenda of all three Board meetings as well as the Executive Council agenda. A copy of the revised document (changes are underlined) is included as Appendix B to these minutes.

VI. Recommendations Regarding the Flexner and Borden Awards:

The Board reviewed the recommendations of the Flexner and Borden Award Committees and took the following action:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD RECOMMEND THAT THE EXECUTIVE COUNCIL APPROVE THE RECOMMENDATIONS OF THE FLEXNER AND BORDEN COMMITTEES.

VII. AAMC By-laws Amendment:

At the last meeting of the Executive Council, action was taken to provide that both the Chairperson and the Chairperson-Elect of the Organization of Student Representatives be voting members of the Executive Council. In the past, the practice has been for the Vice Chairperson to attend Executive Council meetings, but he did not have a vote. Following a brief discussion, the Board took the following action:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH BOARD RECOMMEND TO THE AAMC EXECUTIVE COUNCIL THAT THE COUNCIL RECOMMEND TO THE AAMC ASSEMBLY AT THE ANNUAL MEETING THAT CHANGES IN BY-LAWS BE APPROVED WHICH WOULD ESTABLISH THE POSITION OF CHAIRPERSON-ELECT FOR THE OSR AND WHICH WOULD PROVIDE THE CHAIRPERSON-ELECT OF THE OSR WITH A VOTE ON THE AAMC EXECUTIVE COUNCIL.

IX. National Citizens Advisory Committee:

Dr. Cronkhite reviewed the development of the National Citizens Advisory Committee for Medical Education and described a direct working relationship with Drs. Cooper and Sherman. As prominent citizens with an active interest in medical education, the Committee has issued a statement on health manpower needs in medical education and is presently writing a statement on teaching hospital reimbursement and cost containment. Dr. Cronkhite then asked the Board to consider additional topics which might be the subject of statements by the Committee. Following a discussion of the membership of this Committee and their general interest in broad policy statements, the Board recommended three areas which the Committee may wish to address:

- o reviewing the problems of maintaining and increasing philanthropy with special attention to developing a political and governmental environment friendly to philanthropy;
- o changing the public's image of the medical center;
- o changing the public's attitude towards training more physicians and establishing more medical schools.

X. Activities of the Commission on Public General Hospitals:

Mr. Westerman opened a discussion about the Commission on Public General Hospitals by indicating that he and Dr. Krevans serve on that Commission. He then proceeded to review the development of the Commission indicating that the study was undertaken because large public, general hospitals frequently feel they have an insufficient voice in AHA activities. They also feel that they are not looked upon with favor by city and county governments, and believe their hospitals admit residual patients who have nowhere else to go for treatment. Mr. Westerman outlined the role of Dr. Russell Nelson and Dr. Al Snoke in establishing the group and reviewed the Commission's funding. Mr. Westerman then reviewed the activities of the Commission to date using the handout contained in Appendix C of these minutes.

Following Mr. Westerman's presentation, Board members with public, general hospitals in their community discussed the disadvantages of a study which viewed public general hospitals apart from the context of the community's total hospital environment. Public hospital problems of admissions, educational emphasis, political patronage, civil service requirements, governance and bureaucratic requirements were discussed and the following action was taken:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD RECOMMEND THAT THE COMMISSION ON PUBLIC GENERAL HOSPITALS EXAMINE PUBLIC GENERAL HOSPITALS IN THE CONTEXT OF THE TOTAL HEALTH CARE DELIVERY SYSTEM IN THE COMMUNITIES CONCERNED WITH PARTICULAR REFERENCE TO CARE FOR THE INDIGENT AND ITS FINANCING AND THE RESPECTIVE ROLE OF THE VOLUNTARY HOSPITALS.

A letter from Mr. Westerman to Dr. Nelson is attached as Appendix D.

XI. Management Advancement Program Seminar Follow-up:

As a member of the steering committee, Mr. Everhart reviewed the development of the Management Advancement Program (MAP) seminar for hospital administrators under the dual sponsorship of COTH and the AAMC. He indicated that twenty-one individuals had attended the session in June and that the evaluation is, or could be, summed up as being very supportive and positive. Individuals attending felt the program had been valuable for them, an appropriate use of their time, helpful to the institutions they represent, and helpful in improving their relationships with deans. Mr. Everhart then asked members of the Board who had attended the sessions to comment. Very positive comments were received from Mr. Toomey, Dr. Thompson and Mr. Randall. Following this discussion, the Board took the following action:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD CONTINUE TO SUPPORT THE OFFERING OF MAP SEMINARS FOR HOSPITAL ADMINISTRATORS WITH THE RECOMMENDATION THAT ATTENDANCE SHOULD BE STRUCTURED TO INSURE THE PRESENCE OF SOME DEANS AT THE SEMINARS.

XII. Section 223 Court Suit:

Dr. Bentley, upon his return from the U.S. Court of Appeals, reviewed the oral hearing that had been held before a three-judge panel during the Association's suit over Section 223 of P.L. 92-603. During the hearing, Association and government lawyers had a minimum of time to present oral arguments before questions were asked by the judges. In both cases, the bulk of the time available was occupied by such questions. Dr. Bentley stated his opinion that it was unclear as to the decision that would be rendered by the judges. Further, Association legal counsel says that it appears unlikely that any decision will be made before November or December.

XIII. SSA Commissioner's Reversal of PRRB Decision:

Dr. Thompson gave a brief review of the Oklahoma Nursing Education Case which was presented to the Provider Reimbursement Review Board during the Spring of 1976. In its decision the PRRB stated that cash payments to educational institutions could be an allowable cost under the Medicare Program under certain conditions. Upon review, the SSA Commissioner reversed this decision.

Dr. Thompson reviewed the application of the issues in this case to his own institution and indicated he expected this item to be reviewed during the intermediary's audit in the next couple of months. Dr. Thompson then asked Board members if they were aware of circumstances similar to the Oklahoma Case in their local areas. Mr. Toomey indicated that Shelby Memorial Hospital in Shelby, North Carolina had a very similar situation. Mr. Everhart indicated that the McGaw Medical Center hospitals had just signed an agreement with Northwestern University to coordinate and to supervise and run the programs of graduate medical education in each of

those institutions. As a result of the Oklahoma decisions, Mr. Everhart indicated there was a concern that the rationale of the Oklahoma Case could be extended to reduce allowable costs under the Medicare Program in this situation.

XV. Approval of New Specialties:

Mr. Womer introduced "The AAMC Position Statement on the Establishment and Official Recognition of New Specialties." Following a discussion by the Board, the following action was taken:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE BOARD RECOMMEND THAT THE EXECUTIVE COUNCIL OF THE AAMC TRANSMIT TO THE CCME AND TO THE ICGME THE FOLLOWING STATEMENT: "THE EXECUTIVE COUNCIL OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES BELIEVES THAT THE AUTHORIZATION OF THE FORMATION OF NEW SPECIALTY BOARDS AND THE DEVELOPMENT OF ACCREDITATION PROGRAMS FOR NEW SPECIALTIES MUST BE THE RESPONSIBILITY OF THE CCME."

XVI. Adjournment:

There being no further business, the meeting adjourned at 1:00 p.m.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

JOHN A. D. COOPER, M.D., PH.D.  
PRESIDENT

WASHINGTON: 202: 466-5175

September 17, 1976

George Wm. Graham, M.D.  
Deputy Director  
Joint Commission on Accreditation  
of Hospitals  
875 North Michigan Avenue  
Chicago, Illinois 60611

Dear Dr. Graham:

Your letter to Dr. Knapp dated August 24th was reviewed on September 16-17th by the Executive Council of the Association of American Medical Colleges as well as the Administrative Boards of the Council of Teaching Hospitals, Council of Deans and Council of Academic Societies. Following this thorough review, the Executive Council which functions as our board of trustees, recommends that the second sentence of the pertinent paragraph be deleted and that no substitution be inserted in its place. Due process is provided by medical and dental schools for aggrieved faculty members, and this is the appropriate mechanism for grievances involving faculty termination regardless of intention or motivation.

The Executive Council believes that provision of an alternative route through medical staff by-law provisions would confuse and impede the resolution of such matters. If the affiliation agreement between a medical school and hospital provides that medical staff status is dependent upon faculty status, the hospital could not restore medical staff membership without the medical school restoration of the faculty appointment. The hospital is therefore unable to redress a wrongful faculty act, irrespective of the facts of the case.

We appreciate very much the opportunity to review and discuss this question.

Sincerely,

John A. D. Cooper, M.D.

SUBJECT: Guidelines for the Application of Hospital Accreditation  
Program Standards in Surveying University Hospitals

That there are unique characteristics, special needs and particular problems posed by university hospitals with respect to the standards and procedures of the JCAH accreditation process must be acknowledged. This involves recognition of the university hospitals' dual mission -- education and service. University hospitals also often serve as the research and development arm of the health care delivery system. There is also the hospitals' real concern that the very rigid application of specific standards requirements by JCAH will conflict with the need for a more flexible approach perceived by the university hospitals as necessary to meet their additional responsibility and obligation for innovation in the organization of health services and the training for new health manpower roles.

Since the surveyor must be concerned with the "hospital" rather than the "university" aspect of the relationship, and with the "quality of patient care" rather than the "teaching program" per se, it is prudent to examine the hospital service/university academic relationships. In assessing the teaching hospitals' responsibility to respond to patient care objectives, one must face the reality that these objectives may differ from medical school departmental objectives. Thus, it becomes increasingly necessary to distinguish between the roles of the physician acting as a member of the medical staff and his role as a member of the medical faculty.

Governance - The adequate fulfillment of governance/accountability functions are as important to the university hospital as to any other hospital. Its stature as an academic support unit should serve to

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heighten the awareness of the process of accountability. In the frequent circumstances where the governing body is a University Board of Regents, often geographically remote from the hospital, it happens that the multiple responsibilities of the university as a whole do not permit careful attention to the affairs of hospital governance. This is particularly a problem in the board's responsibility for quality of care assurance, guaranteeing appropriate procedures for appointment to the medical staff, and assignment/approval of privileges. The existence of an identifiable, accountable governance function is as important for the university hospital as the community hospital. Where there is no evidence of the university board fulfilling a trusteeship function, either directly or through clear delegation, a problem may exist.

This problem is best resolved through a process by which the Board of Regents delegates in writing the authority for another body to act for them in critical areas such as those denoted above. It is inappropriate for the Board of Regents to attempt to delegate trusteeship functions to a single individual or small internal group.

The JCAH requirement for community representation on the governing body must be approached realistically. The "community" is hard to define where the hospital is a research and referral facility. The test of appropriate representation should be the ability to act objectively in conducting governance accountability. Basically, the accreditation process should address whether the essential process of governance is being adequately executed within JCAH requirements, regardless of the mechanism for accomplishing it.

Medical Staff - The medical staff must have an organizational structure capable of addressing institution-wide health care delivery issues plus being able to meet the responsibilities incumbent upon any organized medical staff. As required of any hospital, the organization of the medical staff is reflected in its bylaws, rules and regulations which must address procedures for appointment and reappointment to the medical staff, the delineation of privileges, periodic reappraisal of the staff, and continuing medical education programs.

Most university hospitals require medical school faculty membership as a prerequisite for medical staff appointment. This usually includes all departmental faculty, both full-time and those appointed to the teaching staff who serve on a part-time basis. In most cases, appointments are fairly automatic upon recommendation by the head of the clinical department/service. However, the hospital credentialing function cannot be omitted, although duplication of effort performed during the faculty appointment is not required, provided the information is made available to the hospital for its files. Consideration must be given to the fact that a physician's excellent credentials in the research/teaching field does not necessarily ensure excellence in patient care. Medical staff reappraisal information required for faculty status, if made available for "hospital" use and retention, can obviate the need to duplicate the effort of obtaining this information for required periodic reappraisal of the medical staff of the hospital. The university faculty reappraisal is usually performed on an annual basis and thus also satisfies the JCAH requirement for the regular reporting by departmental chairmen on the professional performance of medical staff members. The requirement for "provisional" appointment of

new staff members does not ordinarily apply to department/service chairmen. Also, the tenure system must be understood in relation to reappointment requirements for academic activities only.

The organization of the medical staff in the university hospital does not always follow the usual staff categories. This is particularly true when the entire staff is not engaged in full-time teaching and there is a "teaching staff" category in addition to the "active," etc., categories. The university may use the "division" category, reserving the use of the term "department" for what may be called a "clinical service" in the non-teaching hospital.

Thus, in some university or university-affiliated large teaching hospitals there are teaching physicians, community physicians and house staff physicians. It is in this type of setting that particular care must be taken to ensure there is not more than one standard of care permitted.

To varying degrees, house staff members have roles of students, teachers, and providers of care. If they do not have a clearly defined role within the organized medical staff, they may hold significant service responsibilities that are not subject to the rules and regulations that govern the medical staff. Thus, the mechanism of supervision of house staff members must be defined and their participation in quality of care assurance and other departmental activities ensured.

There must be privilege delineation for all members of the medical staff. There is usually an inadequate distinction between medical staff and medical faculty qualifications in processes of appointment to the medical staff and assignment of privileges. In the university hospital there tends to be a natural resistance to privilege delineation which is

felt to be satisfied by peer certification. Actually, the delineation of privileges is usually very well established within the department/service structure; the task is to get the privilege delineation reduced to writing.

It is required that there be an adequate review of the quality of care rendered in the facility. The university hospital has an intensive, prospective patient care review system conducted in conjunction with its educational programs. This is usually reflected in a heavy concentration of individual case review, often as the primary mode of assessment of quality of care. To provide a continuing evaluation of clinical judgment, a strong relationship of the quality of care activities to the teaching process is maintained. However, there is still a requirement for the university hospital to participate in retrospective outcome audits as a measure of the quality of care rendered. It is important to demonstrate to the medical staff that the audit of large numbers of cases for retrospective outcome can serve a function not met by individual case review. When retrospective audit is performed, care must be taken to ensure that the criteria used are equally applied to all patients in the hospital and not only to patients on the "teaching" service(s). Otherwise there may develop more than one standard of care in the same hospital.

In evaluating either an area of care provided or a continuous monitoring function of the medical staff, it may not be possible to obtain all required information from one individual as usually occurs in a small community hospital. For example, in evaluating respiratory care services in a large teaching hospital, it may be necessary for the surveyor to interview the director of pulmonary medicine, the director of a specific

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intensive care unit, the director of the pulmonary function laboratory, the individual who provides blood gas analyses, the chief respiratory therapist, etc. Similarly, in evaluating the infection control program, it may be required to consult with the chairman of the infection control program, the hospital epidemiologist, the chairman of a department of infectious diseases, the director of the microbiology or bacteriology laboratory section, surveillance nurses, etc. Where possible, a group interview of these individuals provides maximum information and clarifies the interrelationship fo roles.

The survey team should be very careful before making a recommendation relative to the lack of medical staff continuing education programs or its documentation. This normally abounds at all levels in all divisions (department/service/section) of the university hospital, and indeed the hospital is itself the provider of the continuing education not only for its own staff but for many other physicians. There is a recognized but unwritten self-educational effort inherent in the teaching of others and in the publishing of professional papers.

Commission on Public General Hospitals

Status Report - February-September 1976

Since its creation last February, the Commission has focused its efforts on planning and implementing the program activities of research and communications -- special studies, field visits, meetings and conferences, and the final report. An essential part of this planning phase has required an intensive review of the literature and extensive discussions with persons active in this field.

The progress of the Commission during its first seven months in operation includes:

1) Basic Study Design

The Commission has identified the key public general hospital issues that will be examined.

Identification of these issues provides the framework within which the Commission's activities are conducted.

2) Special Studies

The Commission staff has identified special studies to be used as background materials for Commission conferences. The studies will be adapted for presentation in the final report or turned into monographs for background presentation of findings and recommendations. Studies currently underway are:

a) New York City's Public Hospitals. A survey of the literature and of expert and participant views on the New York City municipal hospital system has been completed by a consultant and is now being circulated to individuals knowledgeable of the New York situation, including Mr. Terenzio; Bernard M. Weinstein, Director of Bellevue Hospital and a member of AHA's Public General Hospital Section, and John Holloman, President of the New York City Health and Hospitals Corporation.

In addition, a meeting with several representatives of the HHC was held in New York on Monday, August 23, to discuss this report.

This report and material from subsequent field visits and meetings will become the basis for a case study of New York.

b) Graduate Medical Education and the Future of the Public General Hospital. A major paper on the interrelationships between graduate medical education and the public general hospital has been assigned to James Lewis, who was the technical director of the teaching hospitals section and deputy director of the Institute of Medicine's March 1976 Social Security Studies Report on "Medicare-Medicaid Reimbursement Policies."

Based on Institute of Medicine data, this paper will be background to the Commission's presentation at the Association of American Medical Colleges meeting in November, as well as other Commission activities related to the relationship of graduate medical education to public general hospitals. It is due to be completed by September 30, 1976.

c) Governance of the Public General Hospital. A survey and analysis of public general hospital governing models presently in use or planned is being conducted by Fredrick G. Hubbard, former executive director of Baltimore City Hospitals.

d) History of the Public General Hospitals. An introductory chapter for possible use in the Report, providing information on the history and development of public general hospitals has been assigned to Stephen Freeland, a free-lance writer, formerly the Medical Editor for US News & World Report.

e) Public General Hospital Closures. A project to identify public general hospitals that have been closed during the past ten years has been undertaken.

f) The Federal Attitude toward the Public General Hospital. Preparation of a compendium of federal laws and regulations dealing uniquely with public general hospitals is underway.

### 3) Field Visit Program

Teams consisting of Commission members and staff completed two demonstration field visits to Minneapolis and San Francisco in mid-July.

The field teams interviewed representatives of hospital and university administration and medical staff, state legislators and representatives of other groups concerned with the two state university hospitals and the other public general hospitals that serve these two areas: the University of Minnesota Hospitals, Hennepin County Medical Center, St. Paul-Ramsey Hospital and Medical Center in Minneapolis; the University of California Hospitals and Clinics and San Francisco General Hospital in San Francisco. Team members also visited Contra Costa County Medical Services in Martinez, California which operates a prepaid health plan for patients of the county hospital and clinics.

Based on the experience gained during these two visits, field visits closely related to the policy issues to be considered by the Commission are planned.

The Commission has also associated itself, through visits, with other field activities.

#### a) Cook County Hospital

Mr. Hess participated in a field visit to Cook County Hospital on June 16 that was conducted by AHA's Committee on Health Care for the Disadvantaged.

Our staff has also made contact with a special task force created by the Cook County commissioners to study the hospital and has arranged for James G. Houghton, executive director of the Cook County Health and Hospitals Governing Commission, to meet with the Commission during its Dallas meeting.

b) Cuyahoga County Hospital

Mr. Hess visited the Cuyahoga County Hospital System (with special attention to Cleveland Metropolitan General Hospital) on August 19 and 20.

Discussions have been held and case study materials are being developed on: Philadelphia General Hospital; Prince Georges County (MD) Hospital and Medical Center; District of Columbia General Hospital; Hawaii public hospitals, and a number of other situations.

Visits planned for the next three months include:

a) Parkland Memorial Hospital, Dallas County Hospital District - Sept. 22

Arrangements have been made with Jack Price, administrator of the Dallas County Hospital District, for a Commission visit on Wednesday, September 22. The schedule includes a presentation on the operations of Parkland and the Dallas County Hospital District, as well as a lunch with University of Texas Health Science Center President Charles C. Sprague, M.D., Dean Frederick J. Bonte, M.D. and members of the District Board of Managers. A tour of Parkland and the University of Texas Health Science Center at Dallas has also been arranged.

- |  |             |
|--|-------------|
| b) <u>Boston City Hospital</u>                                       | Sept. 1-3   |
| c) <u>Harris County (Houston) Hospital District</u>                  | Sept. 23-24 |
| d) <u>Bernalillo County Medical Center, Albuquerque</u>              | Sept. 23    |
| e) <u>Grady Memorial Hospital, Atlanta</u>                           | Oct. 28-29  |
| f) <u>Los Angeles County-University of California Medical Center</u> | Nov. 8-10   |

Additional visits will be arranged in September after consultation with Commission members on the full scope of field activities.

4. Commission Meetings, Conferences and Hearings

a) Commission Meeting, Dallas, Texas, Sept. 19-21

Arrangements for the Commission's third meeting are near completion, with several special hearings and panels scheduled.

In addition to regular Commission business, plans include

- 1) A reception and dinner meeting with the Governing Council of AHA's Public General Hospital Section on Sunday evening, September 19;
- 2) A hearing for administrators, trustees and other representatives of small public general hospitals on Monday, September 20, from 3:00-5:00 p.m., and
- 3) A meeting with administrators of five large urban public hospitals on Tuesday, September 21.

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b) Association for Academic Health Centers Annual Meeting, Tamarron, CO., Oct. 1.

Mr. Hess will represent the Commission as a reactor to a presentation by Robert A. Derzon, Director of the University of California Hospitals and Clinics at San Francisco. The theme of this session will be "Administrative Relationships of Health Science Centers with University Hospitals, Affiliated Hospitals, and Ambulatory Centers."

c) Association of American Medical Colleges Annual Meeting, San Francisco, Nov. 11-15.

Arrangements have been made for a program on the Commission for a joint meeting of AAMC's Council of Deans and Council of Teaching Hospitals. The following program has been scheduled:

Activities of the Commission - Dr. Nelson

"Issues for State University-Owned Hospitals"

John R. Hogness, M.D., President, University of Washington Medical School

"Issues for Big City Teaching Hospitals" - Mr. Terenzio

d) Commission Meeting with State University Hospital Administrators

An invitational meeting of state university hospital administrators is being planned for early next year.

5. Commission Newsletter

A Commission newsletter is planned, to begin publication later this year. The newsletter will be distributed to representatives of the broad spectrum of groups concerned with the public general hospitals, including local, state and federal government officials, local and national hospital, medical and consumer groups, and the public general hospitals.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals  
Minneapolis, Minnesota 55455

September 22, 1976

Russell A. Nelson, M.D., Chairman  
Commission on Public-General Hospitals  
Suite 1016  
1001 Connecticut Avenue N.W.  
Washington, D. C. 20036

Dear Dr. Nelson:

On Thursday, September 16, 1976 I met with the C.O.T.H. Administrative Board to discuss the work of the Commission and to request their involvement in the process.

The C.O.T.H. agenda book contained the four page summary entitled "Commission on Public-General Hospitals Status Report -- February - September, 1976." In reviewing the goals and activities of the Commission, a few general observations were presented.

1. The study is of potential interest to the C.O.T.H. membership because of the universe covered in the study, the quality of questions being asked, the likely findings and recommendations and the process for handling the study results.
2. The study methodology will involve a number of C.O.T.H. participants. In the process of participation, several areas for further investigation may become visible and of interest to C.O.T.H. The questions asked may lead to a sharper differentiation in the mission of public hospitals or lead to the development of objective criteria for University hospital governance. The commission also recognizes the diversity of the public hospital system and the need for flexibility in developing recommendations.
3. C.O.T.H. will have a number of opportunities to contribute to the contents of the commission report. In addition to the informal participation of member institutions and individuals, C.O.T.H. may want to consider additional coordinating mechanisms.

A good discussion ensued. The C.O.T.H. administrative Board was aware of the study and most interested in potential findings and recommendations. A number of questions and opinions were expressed.

Continued . . .

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September 22, 1976

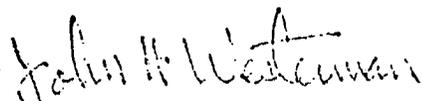
Page 2

- Would the commission recognize the role of the voluntary teaching hospital in the care of indigents?
- Is the commission predisposed to call for bigger and better financed free standing hospitals?
- Will the commission look at existing budget and staffing levels in public hospitals and the overall management practices?
- What will be the implications of free choice on vendor on the future of public hospitals?
- Be careful not to mix findings on small rural government hospitals, State University hospitals and large indigent urban hospitals. These are quite different institutions with quite different missions.
- The problems of rural government hospitals probably won't be as acute as the other two populations and will be quite similar to the problems all rural hospitals, regardless of ownership.
- It would be helpful to develop criteria or findings that will improve governance in the public sector.
- Voluntary hospitals rendering charitable care may have problems similar to public hospitals.

It was agreed that Julius Krevans and John Westerman would work with Dick Knapp for future coordination efforts. A future assignment will be to work with Art Hess and Russ Nelson in planning a University hospital seminar with appropriate University representatives.

The board expressed appreciation for the information and opportunity to participate and is looking forward to working with the Commission. The board considers the charge to the commission very significant and expressed deep seated interest in the study outcomes.

Sincerely yours,



John H. Westerman  
General Director  
University Hospitals  
& Coordinator, Health Care Systems  
Research & Development, Office of the  
Vice President for Health Sciences Affairs

/mh

cc: Art Hess; Dick Knapp, Julius Krevans, M.D., John Cooper, M.D.

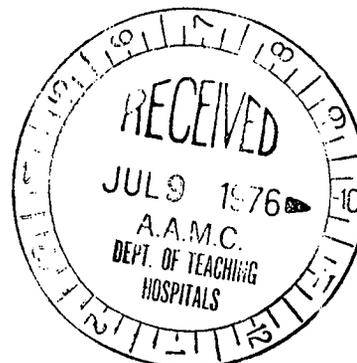
OFFICE OF THE  
EXECUTIVE DIRECTOR



500 Blue Hills Avenue  
Hartford  
Connecticut 06112  
(203) 242-4431

July 7, 1976

Association of American Medical Colleges  
Council of Teaching Hospitals  
One Dupont Circle, N.W.  
Washington, D. C. 20036



Gentlemen:

Enclosed herewith is our application for membership and letter of recommendation from the Dean of the University of Connecticut School of Medicine.

Mount Sinai Hospital has a major affiliation with the University of Connecticut School of Medicine. We participate fully in undergraduate, graduate and continuing medical education activities of the medical school, much of which is described within the application. Mount Sinai Hospital has approved residencies in Medicine and Obstetrics/Gynecology, and participates in University of Connecticut integrated residencies in Surgery, Pediatrics, Pathology and Nuclear Medicine.

Mount Sinai Hospital is a private, not for profit institution.

If you require additional data, please do not hesitate to contact us.

We are looking forward to your favorable action on our application.

Sincerely,

ROBERT B. BRUNER  
Executive Director

RBB:bn

Enclosures

- 23 -  
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
 COUNCIL OF TEACHING HOSPITALS

Application for Membership

INSTRUCTIONS: Type all copies, retain the Pink copy for your files and return two copies to the Association of American Medical Colleges, Council of Teaching Hospitals, One Dupont Circle, N.W., Washington, D.C., 20036. PLEASE ENCLOSE A COPY OF THE HOSPITAL'S AFFILIATION AGREEMENT WITH THE APPLICATION.

MEMBERSHIP CRITERIA:

Eligibility for membership in the Council of Teaching Hospitals is determined by the following criteria:

- (a) The hospital has a documented institutional affiliation agreement with a school of medicine for the purpose of significantly participating in medical education;

AND

- (b) The hospital sponsors or significantly participates in approved, active residencies in at least four recognized specialties including two of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics and Psychiatry.

Membership in the Council is limited to not-for-profit (IRS-501C3) institutions, operated for educational, scientific or charitable purposes and publically-owned institutions.

I. MEMBERSHIP INFORMATION

<u>Mount Sinai Hospital</u>		
HOSPITAL NAME		
<u>500 Blue Hills Avenue</u>	<u>Hartford, Connecticut</u>	
STREET	CITY	
<u>Connecticut</u>	<u>06112</u>	<u>203-242-4431</u>
STATE	ZIP CODE	TELEPHONE NUMBER

Chief Executive Officer Robert B. Bruner NAME

Executive Director TITLE

Date hospital was established: 1923

APPROVED FIRST POST-GRADUATE YEAR

<u>TYPE<sup>2</sup></u>	<u>Date of Initial Approval by CME of AMA**</u>	<u>Total F.T.E.<sup>1</sup> Positions Offered</u>	<u>F.T.E.<sup>1</sup> Total Positions Filled by U.S. And Canadian Grads</u>	<u>F.T.E.<sup>1</sup> Total Positions Filled by FMG's</u>
Flexible	_____	_____	_____	_____
Categorical	<u>See Approved Residencies Information</u>			
Categorical*	_____	_____	_____	_____

\*\* Council on Medical Education of the American Medical Association and/or with appropriate AMA Internship and Residency Review Commission.

1. Full-time equivalent positions at applicant institution only. If hospital participates in combined programs indicate only F.T.E. positions and individuals assigned to applicant institution.
2. Type as defined by the AMA Directory of Approved Internships and Residencies. (Flexible-graduate program acceptable to two or more hospital program directors; Categorical-graduate program predominately under supervision of single program director; Categorical\*-graduate program under supervision of single program director but content is flexible.)

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APPROVED RESIDENCIES

TYPE	Date of Initial Approval by CME of AMA**	Total F.T.E. <sup>1</sup> Positions Offered	F.T.E. <sup>1</sup>	F.T.E. <sup>1</sup>
			Total Positions Filled by U.S. And Canadian Grads	Total Positions Filled by FMG's
Medicine	1971	21	1	20
Surgery				
Ob-Gyn	1969	7.5	1	6.5
Pediatrics				
Psychiatry				
Family Practice				
Other (List):				

II. PROGRAM DESCRIPTION

To supplement the information above and to assist the COTH Administrative Board in evaluating whether or not the institution fulfills the membership criteria, it is requested that you briefly and succinctly describe the extent of the hospital's participation in or sponsorship of educational activities with specific reference to the following questions.

- A. Extent of activity for undergraduate medical education students (e.g., number of clerkships offered; number of students participating; proportion of medical staff time committed to medical students).
- B. Presence of full-time salaried chiefs' of service and/or Director of Medical Education (e.g., departments which have salaried chiefs; hospital chiefs holding joint appointments at medical school).
- C. Dimension of hospital's financial support of medical education costs and nature of financial agreement with medical school (e.g., dollars devoted to house staff salaries and fringe benefits; the percentage of the hospital's budget these dollars represent; hospital's contribution to cost of supervising faculty; portion of service chiefs' costs paid by the hospital).
- D. Degree of affiliated medical school's involvement in and reliance upon hospital's education program (e.g., medical school faculty participation in hospital activities such as in-service education, conferences or medical staff committees).

The above are not meant to be minimum standards or requirements, but reflect the belief that COTH membership indicates a significant commitment and consideration of the items above. The hospital's organized medical education program should be described clearly with specific reference given to unique characteristics and to the institution's medical education objectives.

III. LETTER OF RECOMMENDATION

A letter of recommendation from the dean of the affiliated medical school should be included outlining the importance of the teaching hospital in the school's educational program.

Name and Address of Affiliated School of Medicine: University of Connecticut, Health Center  
Farmington, Connecticut 06032

Name of Dean: Robert Massey, M.D.

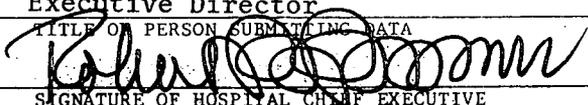
Information Submitted by:

Robert B. Bruner  
NAME

June 29, 1976  
DATE

Executive Director

TITLE OF PERSON SUBMITTING DATA

  
SIGNATURE OF HOSPITAL CHIEF EXECUTIVE

AMENDMENT OF AGREEMENT

February 11, 1976

THIS WILL CERTIFY that the Agreement made and entered into on the 8th day of August, 1974, by and between the State of Connecticut, acting herein by the Assistant Vice-President for Finance and Administration of the University of Connecticut under authority of Sections 10-119 and 10-120 of the General Statutes of Connecticut, Revision of 1958 as amended to date, hereinafter referred to as the UNIVERSITY, and Mt. Sinai Hospital, 500 Blue Hills Avenue, Hartford, Connecticut, 06112, hereinafter referred to as the CONTRACTOR, is hereby amended as follows:

1. Both parties to said Agreement acknowledge that said Agreement has expired and is hereby reinstated with all terms and conditions to remain in force.
2. The term of the Agreement is extended to December 31, 1975.

The State of Connecticut assumes no liability for payment under the terms of this Amendment of Agreement until said Contractor is notified by the University of Connecticut Health Center that said Amendment of Agreement has been approved by the Department of Finance and Control and by the Attorney General of the State of Connecticut.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement to the day and year above written.

WITNESSES:

STATE OF CONNECTICUT

Barbara Hunt

Barbara Hunt

Vincent Lucibello

Vincent Lucibello

James C. Leming

James C. Leming

Assistant Vice-President for  
Finance and Administration

February 20, 1976

Date

WITNESSES:

CONTRACTOR

Ida Carroll

Ida Carroll

Margaret L. Barrett

Margaret L. Barrett

Robert B. Bruner

Robert B. Bruner, Executive Director  
Mount Sinai Hospital

2/11/76

Date

APPROVED:

APPROVED AS TO FORM:

Anthony V. Melina

Deputy Commissioner of  
Finance and Control

Richard W. Allen

Deputy Attorney General

APR 27 1976

Date

JUN 3 1976

Date

This is to certify that Robert B. Bruner

is the Executive Director of  
(title)

Mount Sinai Hospital, 500 Blue Hills Avenue, Hartford, CT. 06112  
(organization name and address)

and that on January 26, 1976 was authorized to sign the  
(date)

attached Agreement with the State of Connecticut on behalf of said  
organization.

  
Secretary

Arnold S. Cartin

2/11/76  
Date

(MODEL) AFFILIATION AGREEMENT

BETWEEN THE UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE

AND THE \_\_\_\_\_ HOSPITAL

Hospitals and medical schools share many goals, since patient care and medical education are necessarily interrelated and are both directed towards the achievement of better health for all people. Furthermore, the inquiring minds of students provide a stimulus for better patient care; conversely, the milieu surrounding excellent patient care is vital for the highest quality of medical education. Thus, there is a challenge and an opportunity to develop optimal and mutually beneficial relationships which will combine the concerns of the University of Connecticut School of Medicine and the \_\_\_\_\_ Hospital for excellent education, quality patient care, productive research, and community service.

It is recognized that the School of Medicine and the \_\_\_\_\_ Hospital may have established relationships with other institutions, and may develop other relationships in the future. It is expected that additional relationships will provide strength to School of Medicine and Hospital programs and hence increase the value of this affiliation.

Purposes:

The School of Medicine and the Hospital agree to affiliate for the following purposes:

1. To develop, in the setting of excellent patient care, clinical educational programs for medical students, house staff, practicing physicians, and other health professionals (where appropriate), taking advantage of the expertise, resources, and facilities of both institutions including:
  - a. professional staff
  - b. patients in both inpatient and ambulatory services
  - c. teaching and conference space
  - d. educational hardware (e.g., laboratory and communications equipment, etc.) and material (e.g., library and specialized services, etc.)
2. To develop joint residency programs, where appropriate.
3. To promote the best possible patient care.
4. To develop and test innovative and improved ways of providing patient care, including joint efforts to attract financial and other support for these programs.
5. To develop and foster cooperative research programs, where appropriate.
6. To cooperate in health planning efforts.

Mechanisms for Cooperation:

By virtue of this affiliation, the Hospital and the University agree that, as new clinical services of common interest are planned within their respective facilities, there will be consultation and cooperation to assure that desirable existing patient care and education programs are not adversely affected. Where comparable expertise and programs exist in both institutions, it is agreed that these should be jointly evaluated and, if necessary, modified in consideration of the mutual goals of excellence in patient care and medical education and in the light of local, regional, State and National needs and objectives.

Mechanisms to accomplish such cooperative activity include the following:

1. Appointment of a full-time chief in at least one of the major clinical services at the Hospital (i.e. medicine, pediatrics, surgery, psychiatry and/or obstetrics and gynecology). It is understood that the full-time chief will have sufficient responsibility and authority for establishing and maintaining excellence in patient care within his department.

Recommendation of a candidate for chief of any hospital service which is affiliated with the University of Connecticut School of Medicine will be the responsibility of a joint search committee consisting of two representatives (one as Chairman) from the University to be appointed by the Dean of the School of Medicine, and two from the Hospital to be appointed by the Executive Director of the Hospital. When the search committee has made its recommendation to the Hospital, negotiations with the candidate will be undertaken by the Executive Director of the Hospital or his designate with respect to the hospital appointment, and by the Dean of the School of Medicine or his designate with respect to the faculty appointment. Each appointment shall be approved by the usual Hospital and University mechanisms.

It is agreed that the University will confer a regular University appointment (Professor, Associate Professor, or Assistant Professor without modifying term) on a jointly recruited, full-time chief of service. It is understood that the full-time chief will be expected to devote at least one-half day per week to educational programs of the School of Medicine.

Regular University faculty appointments will also be granted to the other full-time, hospital-based staff members who are jointly recruited by the hospital service chief and the University department head. Each appointment shall be approved by the usual Hospital and University mechanisms.

According to School of Medicine Council Bylaws, hospital-based faculty members are eligible for election to the Council and may serve on Council academic committees.

2. Hospital staff members who do not hold full-time appointments may be recommended for "clinical" faculty appointments according to existing University guidelines.
3. The development of departmental agreements pertaining to patient care, education, and research will be the responsibility of the hospital department chief and the respective University department head. Such agreements must be approved by both institutions by their respective mechanisms. Approved departmental agreements will be appended to this affiliation document

4. Admitting privileges at either institution will be conferred in accordance with respective institutional bylaws.

Teaching Programs:

The School of Medicine and the Hospital commit themselves to joint logistical planning of common undergraduate, graduate, and continuing medical education programs based at the Hospital. Such planning will be facilitated by faculty appointments for members of the Hospital's staff who are actively participating in educational programs. All such joint formal teaching programs will be subject to review and approval by the appropriate standing committees of the School of Medicine Council as well as approval by the appropriate Hospital mechanisms.

Research:

As with educational programs, it would be desirable for joint planning of certain research activities. Joint research efforts should conform to standards set by appropriate committees at each institution and be subject to review by each institution. Joint committees may sometimes be desirable to plan and review research efforts.

Administration:

To facilitate joint planning toward common goals, the Dean of the School of Medicine and Executive Director of the Hospital shall appoint a coordinating committee related to this affiliation agreement.

It is agreed that, with the exception of those matters of mutual concern described in this agreement, both institutions are free to set their own goals, determine their own policies, and arrange their own administrative structure, and make their own appointments.

Activation of This Agreement:

- A. It is agreed that this affiliation agreement will be considered active when it is approved by the respective Boards of Trustees of each institution.
- B. It is agreed that this affiliation agreement will be reviewed each year by the participating institutions, that modification of this agreement may be made by mutual agreement, and that affiliation agreements relating to any one or all of the departments may be terminated by either party on June 30 of any year, provided written notice has been given on or before March 1 of the same year.

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MOUNT  
SINAI

MAY 20 1976

EXECUTIVE DIRECTOR'S  
OFFICE

May 17, 1976

Mr. Robert B. Bruner  
Executive Director  
Mount Sinai Hospital  
500 Blue Hills Avenue  
Hartford, Connecticut 06112

Dear Mr. Bruner:

The University of Connecticut School of Medicine has had a formal affiliation agreement with Mount Sinai Hospital since 1967. The medical staff at Mount Sinai Hospital have been active in teaching programs at the School of Medicine, and the hospital has been important for both graduate and undergraduate clinical work for our students since the admission of the first class in 1968.

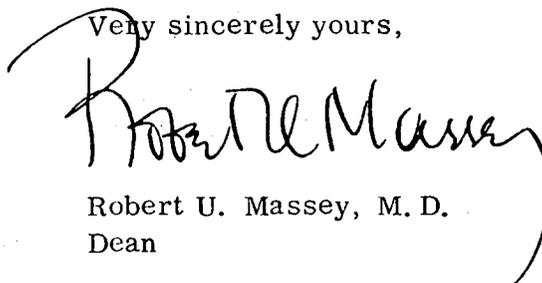
Clerkships in three major clinical disciplines are provided at Mount Sinai Hospital, along with a number of elective clerkships. Supervision of these undergraduate clinical programs is provided by full-time staff at Mount Sinai Hospital who hold regular faculty appointments.

In graduate education, the Department of Pediatrics at Mount Sinai Hospital is an integral part of the residency program in that specialty. There are special strengths in the teaching of pediatric and adolescent psychiatry.

Mount Sinai Hospital is participating with the School in the development of a program in ambulatory primary care which is important to our departments of medicine, pediatrics, family medicine and obstetrics and gynecology.

Because the University Hospital is small, Mount Sinai Hospital and other hospitals in the Hartford region are and will continue to be essential to the clinical work of the School of Medicine.

Very sincerely yours,



Robert U. Massey, M. D.  
Dean

mlc

## PROGRAM DESCRIPTION

### A. Extent of activity for undergraduate medical education.

The departments of Medicine, Pediatrics, Radiology, Surgery, Anesthesiology and Pathology each offer clerkships.

#### Medicine

The Department of Medicine has 20 medical students for 10 one month periods each year. This is the total clerkship offering. Approximately one-fifth of the four full-time departmental physicians' time (40 hours/week) is consumed by undergraduate teaching activities. Twelve members of the medical staff with medical school appointments participate in medical student teaching activities for an average of 8 hours per week for 4 - 6 weeks. All residents are constantly involved in various educational activities of medical students during their rotation.

#### Pediatrics

The Department of Pediatrics offers 12 pediatric selective clerkships per year (2 per month for 6 months). In addition, 12 clerkships are offered in Child and Adolescent Psychiatry and 12 are offered in the outpatient department pediatric program. All offered positions are filled. Full-time physicians (2) in the department spend approximately one-fourth of their time (20 hours per week) on medical student related activity. Residents spend 12 hours per week and attendings spend 3 hours per week each, for 12 months, in undergraduate medical teaching activities.

#### Pathology

The Department of Pathology offers 3 clerkships per year. Fifteen or more hours per week (for 3 months) is spent by each of the 3 full-time Pathologists in undergraduate medical education related activities. In addition the resident spends at least 10 hours per week in this activity.

#### Obstetrics & Gynecology

The Department of Obstetrics and Gynecology fills 12 positions for medical students. They complete a 2 month rotation in Ob/Gyn working with residents and attendings as well as attending lectures, rounds and conferences. The full-time staff (3) spends 15 hours per week with the students, attendings 3 hours per week and residents close to full-time.

#### Surgery

The Department of Surgery offers 3 clerkships every 8 weeks for a total of 18 positions per year. The full-time salaried staff spends approximately 10 hours per week in medical student education activity while the surgical residents spend almost a full eight hours per day with the students. Twelve members of the active medical staff have faculty appointments and are

A. Surgery (Continued)

active in the medical student teaching program, spending several hours each week per student.

Anesthesiology

The Department of Anesthesiology has 10 clerkships of one to two weeks duration and 2 clerkship positions for the University's one month elective. The six full-time geographic anesthesiologists spend 35 hours per week (total) in medical student education.

Radiology

The Department of Radiology offers 18 clerkships per year with 10 hours per week spent by the full-time geographic radiology staff. However, all clerkships in the hospital require contact with the Department of Radiology to facilitate an understanding of the interface of dynamic imaging with other diagnostic modalities.

B. Full-time Chiefs

Mount Sinai Hospital has salaried chiefs in Ambulatory and Community Medicine, Medicine, Pathology, Pediatrics, Obstetrics and Gynecology and Surgery. The Chiefs of Anesthesiology and Radiology are geographic full-time. All of Mount Sinai Hospital's chiefs have joint appointments with the University of Connecticut School of Medicine. In addition there are full-time salaried Directors of the Divisions of Cardiology, Hematology & Oncology, Pulmonary Diseases and Child & Adolescent Psychiatry. The Director of Physical Medicine & Rehabilitation is presently a half-time salaried staff member, as are the Directors of Renal and Hypertensive Diseases, Infectious Diseases, Endocrinology, and Gastroenterology. Additional full-time salaried medical staff include one in Pediatrics, and one in Surgery, two in Ob/Gyn and 3 in Pathology plus 8 geographic full-time physicians in Radiology and 6 in Anesthesiology.

C. Financial Support of Medical Education

Mount Sinai Hospital devotes \$627,448 to house staff salaries and fringe benefits. In addition \$135,250 is devoted to programs fully integrated with the University of Connecticut School of Medicine and \$57,400 for Mount Sinai Hospital's rotational residency with St. Francis Hospital. The hospital receives a \$34,425 credit for residency services to the adjacent Hebrew Home. Thus 3.0% of the total hospital budget is consumed by house staff related expenses. The hospital's contribution to the cost of its supervising faculty is 100%. Chiefs salaries with the exception of the two who are geographic are paid in full (100%) by Mount Sinai Hospital.

- D. The University of Connecticut depends heavily on its affiliated hospitals for its clinical training program. Thus at Mount Sinai Hospital the number of medical school faculty practicing and teaching within the hospital is great. There is intense interaction between the Medical School and Mount Sinai Hospital and the other Hartford area hospitals. This interaction has been further stimulated by the creation and growth of the Capital Area Health Consortium, a group of 9 hospitals dedicated to cooperation within the health care field. Medical School faculty involvement in in-service and continuing education extends throughout the institution from Infection Control to Mount Sinai Hospital sponsored teaching seminars in colposcopy for area gynecologists. The Chiefs of Service as well as faculty members among the Medical Staff are active in medical staff committees and conferences (see attached lists).

Mount Sinai Hospital is a full participant in the University of Connecticut teaching program and has as its primary objectives the development of an active medical education program involving medical students and house staff and continuing education and professional and intellectual stimulation for the entire medical staff in the setting of a community general hospital.

Within the Department of Medicine Mount Sinai Hospital has a unique interest in geriatrics, through its association with the adjacent Hebrew Home. At Mount Sinai Hospital and the Hebrew Home a high skill level in the care of geriatric and chronic disease patients is practiced. The Department of Medicine has educational opportunities in Cardiology, Hematology, Oncology and Pulmonary Medicine. The Department also promotes medical experience in Ambulatory Care through the Burgdorf Health Center (clinics run by the University but partially staffed by Mount Sinai Hospital physicians), and has an ongoing interest in various physician extenders such as nurse practitioners and physician assistants. The department is associated with the Yale Physician Assistant teaching program and presently employs several physician assistants.

The objective of the Pediatric program is to develop a general comprehensive pediatric program in a general hospital setting. Mount Sinai Hospital has a special expertise in the care of adolescents with behavioral disorders. Pediatrics at Mount Sinai Hospital involves a general medical/surgical inpatient service, a newborn level II nursery, ambulatory and emergency pediatric services (the Pediatric Clinic is one of two available to UConn students) and a Child and Adolescent Psychiatric inpatient unit with an acute behavioral crisis service.

The Pathology Department attempts to show the student a clinical pathologic correlation and develop a thorough understanding of the disease process. Autopsies, surgical pathology built on a basic medical orientation provide the major emphases for this program.

The Anesthesia Department demands the active involvement of students in the activity of the department. Their primary concern is that students be familiar with the basic anatomic, physiological and pharmacological management of the comatose patient. Acute Cardio-Pulmonary resuscitative techniques are stressed.

- D. The Department of Surgery seeks to give the student a core surgical training with an emphasis on general surgery and rotations through the subspecialties. A physician office experience is expected during the training period and the interaction of the student with the Active Medical Staff who share in both the didactic and clinical training program.

The Department of Radiology medical education stresses the fundamental concepts of Radiology, its interrelationship with other medical disciplines and its usefulness as diagnostic tool. Exposure to Ultra-sound, Nuclear Medicine, Special procedures and Angiography is expected. In addition interaction with the Radiology technicians and their in-service training program and the Radiology Technician School run by Mount Sinai Hospital broadens their awareness. Mount Sinai Hospital is scheduled to have a Residency in Nuclear Medicine starting this year which should add a new dimension to the program.

The Department of Obstetrics and Gynecology is concerned that a wide exposure to the field is gained while at Mount Sinai Hospital, as well as interaction with other clinical departments. Silastic banding, ultra-sound fetal monitoring, colposcopy, laser surgery and an endocrine laboratory are either presently underway or planned for the near future. The department is also planning a unified residency within the Capital Area Health Consortium for this next year.

CONFERENCES

ANNUAL FREQUENCY

PATHOLOGY

Mortality Conference (with Department of Medicine)	26
Pathology Microscopic Conference	52
Surgical-Pathology Conference (at University of Connecticut)	52
Review of Surgical-Pathology Conference	52
Autopsy Review Conference	52

ANESTHESIOLOGY

Anesthesia Conference	52
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Case Discussion Conference	52
Mortality/Morbidity Review	26

PEDIATRICS

Pediatric Grand Rounds (combined with UConn)	52
Chiefs Rounds at UConn - Inpatient	26
UConn - Clinics	52
Specialty Conferences (weekly interchange with UConn faculty)	52

RADIOLOGY

Radiology Conference	52
Pediatric X-Ray	52
Surgical Radiology	12
Nuclear Medicine	12
Urology Conference	12
Radiology Review Conference	52

CONFERENCES CONTINUED

PAGE 2

ANNUAL FREQUENCY

MEDICINE

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Endocrinology	26
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Mortality	52
G.I. Conference	26
Grand Rounds	52
Infectious Disease	52
Nephrology Conference	52
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Radiology	52
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OBSTETRICS & GYNECOLOGY

Obstetric Rounds	240
Gynecology Rounds	240
Infectious Disease Rounds	24
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Resident Didactic Conference	52
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Rounds	
Walking	52
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Visiting Professor Program	12
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CONFERENCES CONTINUED

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ANNUAL FREQUENCY

OBSTETRICS & GYNECOLOGY CONTINUED

Combined Hospital	52
1st Year Resident Teaching Program UConn Grand Rounds	52

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
COUNCIL OF TEACHING HOSPITALS

Application for Membership

INSTRUCTIONS: Type all copies, retain the Pink copy for your files and return two copies to the Association of American Medical Colleges, Council of Teaching Hospitals, One Dupont Circle, N.W., Washington, D.C., 20036. PLEASE ENCLOSE A COPY OF THE HOSPITAL'S AFFILIATION AGREEMENT WITH THE APPLICATION.

MEMBERSHIP CRITERIA:

Eligibility for membership in the Council of Teaching Hospitals is determined by the following criteria:

- (a) The hospital has a documented institutional affiliation agreement with a school of medicine for the purpose of significantly participating in medical education;

AND

- (b) The hospital sponsors or significantly participates in approved, active residencies in at least four recognized specialties including two of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics and Psychiatry.

Membership in the Council is limited to not-for-profit (IRS-501C3) institutions, operated for educational, scientific or charitable purposes and publically-owned institutions.

I. MEMBERSHIP INFORMATION

Hackensack Hospital Association

HOSPITAL NAME		
22 Hospital Place	Hackensack	
STREET	CITY	
New Jersey	07601	201-487-4000
STATE	ZIP CODE	TELEPHONE NUMBER

Chief Executive Officer Robert J. Shakno NAME

Executive Director TITLE

Date hospital was established: 1888

APPROVED FIRST POST-GRADUATE YEAR

TYPE <sup>2</sup>	Date of Initial Approval by CME of AMA**	Total F.T.E. <sup>1</sup> Positions Offered	F.T.E. <sup>1</sup>	F.T.E. <sup>1</sup>
			Total Positions Filled by U.S. And Canadian Grads	Total Positions Filled by FMG's
Flexible	7/1/75	4	0	4
Categorical	7/1/75	6	1	5
Categorical*	7/1/75	4	1	3

\*\* Council on Medical Education of the American Medical Association and/or with appropriate AMA Internship and Residency Review Commission.

1. Full-time equivalent positions at applicant institution only. If hospital participates in combined programs indicate only F.T.E. positions and individuals assigned to applicant institution.
2. Type as defined by the AMA Directory of Approved Internships and Residencies. (Flexible-graduate program acceptable to two or more hospital program directors; Categorical-graduate program predominately under supervision of single program director; Categorical\*-graduate program under supervision of single program director but content is flexible.)

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APPROVED RESIDENCIES

TYPE	Date of Initial Approval by CME of AMA**	Total F.T.E. <sup>1</sup> Positions Offered	F.T.E. <sup>1</sup>	F.T.E. <sup>1</sup>
			Total Positions Filled by U.S. And Canadian Grads	Total Positions Filled by FMG's
Medicine	6/58	19*	1	18*
Surgery	7/46	5	1	4
Ob-Gyn	-	-	-	-
Pediatrics	7/76	-	-	-
Psychiatry	11/71	3	2	1
Diagnostic Radiology	6/76	3	-	3
Family Practice				
Pathology	8/58	3	-	3
Other (List):				
Anesthesiology	11/55	7	-	7
Dentistry	12/67	2	2	0

( See Below)

II. PROGRAM DESCRIPTION

Attached

To supplement the information above and to assist the COTH Administrative Board in evaluating whether or not the institution fulfills the membership criteria, it is requested that you briefly and succinctly describe the extent of the hospital's participation in or sponsorship of educational activities with specific reference to the following questions.

- A. Extent of activity for undergraduate medical education students (e.g., number of clerkships offered; number of students participating; proportion of medical staff time committed to medical students).
- B. Presence of full-time salaried chiefs' of service and/or Director of Medical Education (e.g., departments which have salaried chiefs; hospital chiefs holding joint appointments at medical school).
- C. Dimension of hospital's financial support of medical education costs and nature of financial agreement with medical school (e.g., dollars devoted to house staff salaries and fringe benefits; the percentage of the hospital's budget these dollars represent; hospital's contribution to cost of supervising faculty; portion of service chiefs' costs paid by the hospital).
- D. Degree of affiliated medical school's involvement in and reliance upon hospital's education program (e.g., medical school faculty participation in hospital activities such as in-service education, conferences or medical staff committees).

The above are not meant to be minimum standards or requirements, but reflect the belief that COTH membership indicates a significant commitment and consideration of the items above. The hospital's organized medical education program should be described clearly with specific reference given to unique characteristics and to the institution's medical education objectives.

III. LETTER OF RECOMMENDATION

A letter of recommendation from the dean of the affiliated medical school should be included outlining the importance of the teaching hospital in the school's educational program.

Name and Address of Affiliated School of Medicine: College of Medicine and Dentistry  
100 Bergen Street  
Newark, New Jersey 07103  
of New Jersey

Name of Dean: Dean V. Lanzoni  
Stanley S. Bergen, Jr., M.D., President

Information Submitted by:

William Black, M.D.

Director of Medical Education

NAME Robert J. Shakno

TITLE OF PERSON SUBMITTING DATA

DATE 9-29-76

Robert J. Shakno  
 SIGNATURE OF HOSPITAL CHIEF EXECUTIVE

- (a) Affiliated New Jersey College of Medicine & Dentistry - 2/73
- (b) Affiliated New Jersey College of Medicine & Dentistry - 7/76
- (c) General Radiology Program - 6/71

HACKENSACK HOSPITAL

II - PROGRAM DESCRIPTION

Hackensack Hospital has been actively involved in the education of attendings, interns and residents for many years. The hospital offers residency training in Internal Medicine, Psychiatry, Radiology, Pathology, Surgery and Pediatrics. The latter two programs are a part of integrated residencies of the New Jersey College of Medicine and Dentistry - New Jersey Medical School. Medical student education has been conducted on an irregular basis for many years with students from various medical colleges taking an elective within one of the specialties or one of the sub-specialties of Internal Medicine. Since the affiliation with the New Jersey College of Medicine and Dentistry - New Jersey Medical School, the hospital has become increasingly involved in the training of medical students. The hospital is currently involved in the following programs:

Psychiatry

Two students rotating every two months to fulfil their required clinical experience. This program actually antedates the institutional affiliation agreement by several years.

Surgery

Three students at a time rotating through the department as a part of their required experience in surgery. In addition, Fourth Year Electives are offered in acting internship, general surgery as it relates to students anticipating Family Practice, Oncology and Emergency Room Surgery.

Internal Medicine

- a) Six second year students receive a portion of their training in physical diagnosis.
- b) In October, 1976, four third year clinical clerks at a time will start rotating through Hackensack Hospital to fulfil a portion of their required clinical experience in medicine.
- c) Fourth year electives are offered in Digestive Diseases, Hematology, Nephrology and Hypertension, Pulmonary Diseases and Acting Internships.
- d) Six students transferring into New Jersey Medical School receive one month of clinical experience at this hospital ( and other affiliated hospitals) prior to their entry into the third year.

Fifth Channel Program

Hackensack Hospital participates in the New Jersey College of Medicine and Dentistry - Rutgers Fifth Channel Program. In this program ten graduates of foreign medical schools receive ten months of clinical training prior to their entry into graduate education programs. During this program the students receive training in Medicine, Surgery, Psychiatry, Ob-Gyn, and Anesthesia.

II - Program Description

Hackensack Hospital

At the present time there are full time directors in the departments of Medicine, Pediatrics and Surgery. The Director of Medical Education is part time salaried as is the Director of Surgical Education. There are an additional two full time and two part time salaried physicians within the Department of Medicine. All of the above physicians and many members of the voluntary staff hold clinical appointments in the appropriate departments at the New Jersey Medical School. A Search Committee is currently seeking a full time director for the Department of Obstetrics and Gynecology in anticipation of an integrated residency program with the New Jersey Medical School.

The hospital is committed to education programs costing in excess of \$1,000,000.00 designed to provide undergraduate medical education residency training and continuing education for the attending staff. Financial assistance from the New Jersey College of Medicine and Dentistry is limited to support of the Fifth Channel Program. The quality and distribution of the medical staff is such that it can meet the vast majority of the teaching demands of such a program. It is felt that the hospital is uniquely qualified to participate in the education of future practicing physicians because of a fine selection of case material and the quality of its teaching staff.

September 1, 1976

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# COLLEGE OF MEDICINE AND DENTISTRY OF NEW JERSEY

100 BERGEN STREET / NEWARK, NEW JERSEY 07103



September 23, 1976

OFFICE OF THE PRESIDENT

James D. Bentley, Ph. D.  
Department of Teaching Hospitals  
Association of American Medical Colleges  
1 Dupont Circle, N.W.  
Washington, D.C.

Dear Dr. Bentley:

This letter is written in support of the Hackensack Hospital Association's application for membership in the AAMC's Council of Teaching Hospitals. The Hackensack Hospital Association has been an affiliate of the College of Medicine and Dentistry of New Jersey-New Jersey Medical School since May, 1974 when a formal affiliation agreement between the Hospital and the College was entered into. Within a relatively short time, the Hackensack Hospital has taken its place in the College's family of affiliated institutions and proven to be a key element in the provision of the School's educational programs.

Specifically, since the initiation of the affiliation, the Hospital has developed and provided clerkship programs in Medicine and Surgery and is currently developing similar programs in Pediatrics and Obstetrics and Gynecology. At the level of post-graduate programs, the Hospital participates in the School's integrated residency programs in General Surgery, Urology, Pediatrics and Obstetrics and Gynecology. Plans are also being developed for an integrated residency program in Internal Medicine. Additionally, members of the Hospital's medical staff participate in educational and patient care activities at the School's primary teaching hospital, the Martland Medical Center.

Although this affiliation is a relatively new one for the CMDNJ-New Jersey Medical School, its growth and the willingness of the hospital and its staff to cooperate with the School have been most positive. The application of the Hospital for COH membership is whole-heartedly supported by the Dean of the School, and I strongly share that support.

Sincerely yours,

A handwritten signature in cursive script, reading "Stanley S. Bergen, Jr.", written over the typed name.

Stanley S. Bergen, Jr., M.D.

cc. Dean Lanzoni, Mr. Sarrel, Mr. Shakno

**AFFILIATION AGREEMENT**  
between  
**THE HACKENSACK HOSPITAL  
ASSOCIATION**  
and  
**THE COLLEGE OF MEDICINE AND  
DENTISTRY OF NEW JERSEY**

AFFILIATION AGREEMENT

AGREEMENT made this 8th day of May, 1974

BETWEEN

THE HACKENSACK HOSPITAL ASSOCIATION, a corporation not for profit of the State of New Jersey, Hospital Place, Hackensack, New Jersey (hereinafter referred to as the "HOSPITAL")

AND

THE COLLEGE OF MEDICINE AND DENTISTRY OF NEW JERSEY, in the Department of Higher Education, State of New Jersey (hereinafter referred to as the "COLLEGE"),

WITNESSETH THAT:

WHEREAS, the College and the Hospital are desirous of cooperating in use of their respective facilities and staffs to develop high quality medical educational programs, and (a) whereby students of the New Jersey Medical School (hereinafter referred to as the "School") of the College can participate in the care of patients of the Hospital as an integral part of their medical education, and (b) whereby quality internships and residency programs can be developed for graduate education and clinical training, and (c) whereby a quality continuing medical education program can be developed in the Hospital with the assistance of the Office of Continuing Medical Education of the College, and

WHEREAS, the College and the Hospital are desirous of using their facilities and staffs jointly to provide the highest possible quality patient care for the community served by the College and the Hospital, and

WHEREAS, the College and the Hospital are desirous of providing on a cooperative basis programs of community service designed to sustain and improve the delivery of good medical care and program of preventive medicine, and

WHEREAS, the College and the Hospital are desirous of using the combined resources of their respective facilities and staffs in joint programs of biomedical and clinical research, within

the limitations of their existing respective facilities, and

WHEREAS, to implement the foregoing, the College and the Hospital desire to enter into this affiliation agreement.

NOW, THEREFORE, in consideration of the mutual promises, covenants and agreements hereinafter contained, the parties hereto do hereby covenant and agree as follows:

ARTICLE I:

A. Members of the Hospital's medical staff, who, in accordance with the standard and procedures prescribed by the New Jersey Medical School of the College for appointment to the College, qualify by training and performance will be given appropriate appointments to the New Jersey Medical School of the College's faculty of medicine as described below. Physicians who are members of the Hospital's medical staff as of the date of this Agreement who do not so qualify by training and/or performance for an appointment to the College's faculty, or who by choice prefer not be so appointed, will continue as members of the Hospital's medical staff, without loss of rank or privilege, and will not be prevented from advancements in hospital title by such choice. Qualifying staff members of the Hospital's medical staff will receive clinical titles and have the same rights and privileges as other holders of clinical appointments of the College. Such members of the Hospital's medical staff will receive clinical appointments to the faculty of the New Jersey Medical School of the College for a term of one year on the approval of the Hospital and the College through the usual appointment mechanisms of both the Hospital and the College. Hospital medical staff appointments will be renewed in accordance with the customary practices of the Hospital. Appointments to the clinical faculty of the New Jersey Medical School of the College shall be renewed in accordance with the customary practices of the College.

B. After the effective date of this Agreement, all physicians newly appointed to the medical staff of the Hospital shall qualify for simultaneous appointment to the faculty of the New Jersey Medical School of the College in accordance with the standards generally prescribed by the College and the Hospital. For those Hospital departments which do not have counterparts in the faculty of the School, such physician shall be eligible for appointment with an appropriate related department of the School subject to the School's requirements for appointment. If not qualified, physician shall participate in a structured post-graduate educational program set forth by the appropriate department of the Hospital and approved by the appropriate department chairman or chairmen of the School.

In such situations it is hoped that such individuals will qualify for the New Jersey Medical School faculty appointment within a reasonable period. Physicians not immediately qualifying for faculty appointments may exclude their patients from participation in the medical student teaching program at the Hospital with the approval of the appropriate Hospital departmental Chief of Service; however, in no instance can more than ten (10%) per cent of the total departmental patients be excluded from the teaching program. Exceptions to the faculty appointment or post-graduate education requirements may only be made upon the recommendation of the Affiliation Review Committee.

All nominations for appointment to the Hospital medical staff and for staff advancement shall originate in the Hospital in accordance with the regular procedures of the Hospital and its medical staff. Before final approval of any nomination for appointment is given by the Hospital, the nomination or recommendation shall be submitted to the New Jersey Medical School of the College through the Dean of the School who shall process the appointment without undue delay, through the School's and College's regular appointment mechanisms. No physicians who are members of the Hospital's medical staff as of the date of this Agreement or subsequently may lose such membership except in accordance with the action of the Hospital's Board of Governors.

C. The Hospital agrees to employ within a reasonable time full-time or geographic full-time Chiefs of, at least, the following services: medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry, radiology, and pathology. The New Jersey Medical School of the College agrees to assist the Hospital, if requested, in recruiting qualified individuals to be appointed as Chiefs of the designated services.

Final approval of the appointment of full-time Chiefs of Service shall be subject to the approval of the Dean of the New Jersey Medical School of the College, who shall refer such appointments through the School's and College's regular appointment mechanisms. All Hospital departmental Chiefs of Services indicated above must hold faculty rank at the New Jersey Medical School except in instances where prior to the date of this Agreement, they hold other faculty appointments which, for the advantage of the Hospital and in the opinion of the Affiliation Review Committee should be maintained because such appointments service educational functions not currently available through the College.

The College shall assist the Hospital in developing high quality internships and residency programs and assist in recruiting interns and residents. The Hospital may advertise or use the fact of this Agreement for promotion of residency and internship programs with the approval of the Dean

of the New Jersey Medical School of the College.

D. An Affiliation Review Committee will be formed to consist of the Dean of the New Jersey Medical School of the College (or his representative, whom he may designate,) and two (2) other representatives from the New Jersey Medical School of the College as may be appropriate to its administrative structure; the President of the Board of Governors of the Hospital (or his representative, whom he may designate), President of the Medical Boards of the Hospital (or his representative, whom he may designate), and a representative of the Hospital's Administration. This committee will have the responsibility and authority to review and approve programs and policies developed for purposes of this affiliation and will report to the Dean of the Medical School and to the Board of Governors and the Medical Board of the Hospital. It will also serve as an appeals committee in the event of individual disagreements as to questions of academic or educational character. It will be asked to formulate and present matters of policy for the respective governing bodies. It will meet annually or more often as is necessary. At each annual meeting, progress of the affiliation will be discussed and future plans will be developed, discussed, and approved. The Chairmanship of this committee will alternate between the Dean of the Medical School and the President of the Board of Governors of the Hospital or their delegates.

E. The Dean of the New Jersey Medical School of the College or his regularly appointed delegate will sit on the Medical Board of the Hospital, ex officio, without vote. The President of the Medical Board of the Hospital or his regularly appointed delegate will sit on the Faculty Council of the New Jersey Medical School of the College, ex officio, without vote.

F. All patients admitted to the services of the Hospital providing clerkship training to students of the medical school by members of that service's staff holding clinical appointments at the New Jersey Medical School shall be admitted with the understanding of the patients that they will be involved in the teaching program for the Hospital House Staff and medical students of the College under the guidance of the appropriate service chief and the teaching staff of the Hospital. Professional responsibility for the care and management of all patients will remain with the Hospital's medical staff. Patients may be excluded from participation in the teaching programs only if the attending physician determines that such participation might be harmful to the patient or if the patient declines. Patients excluded from the medical student training program may also be excluded from receiving services of the Hospital House Staff members except in cases of medical emergency at the discretion of the Hospital Chief of Service.

Any Hospital attending staff member excluding an excess of ten (10%) per cent of his patients in any twelve (12) month period from the teaching program shall have all such excluded cases reviewed by the Hospital Department Chief of Service before his annual staff appointment to the Hospital and to the Clinical Faculty of the New Jersey Medical School, if applicable, is renewed.

G. The College may provide students of the New Jersey Medical School of the College for clerkships in services of the Hospital subject to the needs of the school and the evaluation of the medical student training programs in these services of the Hospital by the faculty of the New Jersey Medical School of the College. The status of implementation of individual Hospital departmental medical student educational programs shall be annually reviewed by the Affiliation Review Committee and the Dean. The Hospital may provide elective or advance clerkships in accordance with its existing commitments. The number of students to be assigned and retained to such clerkships in any year or fraction thereof, shall be determined by the New Jersey Medical School of the College and the Hospital. The College agrees to transfer any students from the Hospital at the reasonable request of the Hospital. In such instances students may appeal to the Affiliation Review Committee through the Dean of the New Jersey Medical School of the College. Each Hospital Chief of Service shall be responsible for the supervision of those students assigned to his service. Students shall abide by all of the policies, rules and regulations of the Hospital. In addition, the Hospital Chief of Service shall provide the chairman of the appropriate department of the New Jersey Medical School with a complete schedule of hospital teaching attending staff assignments as well as a calendar of educational meetings and conferences with moderator indicated during those periods of assignment of students to clerkships at the Hospital. Such schedules shall be provided at least thirty (30) days prior to the arrival of New Jersey Medical School students at the Hospital; such schedule shall be subject to approval by the appropriate departmental chairman of the School. The students association with patients of the Hospital shall be through their participation with the House Staff and assigned teaching attending physicians holding appointments on the faculty of the College. Student clerks shall participate in patient care by taking medical histories, doing physical examinations, recording differential diagnosis, making recommendations for diagnostic and therapeutic procedures, making recommendations for disposition of patients after discharge from the Hospital, and in participation in other activities as requested by the Hospital's service chief.

The patient's histories, physical examinations and other notes as recorded by students participating in the Hospital's teaching program will become part of the patient's temporary Hospital record, and of the permanent record if not in conflict with other policies of the Hospital. These entries shall be on separate pages and shall be identified by the student's signature and Medical School

class, and shall be reviewed and countersigned by a supervising resident or teaching attending physician.

H. Subject to mutual agreement between the Administrator of the Hospital and the Dean of the New Jersey Medical School of the College, the Hospital will provide necessary education facilities for all College students serving clerkships within the Hospital.

I. Members of the Hospital's House Staff shall participate under the direction of the appropriate Hospital Chief of Service in the teaching program to be carried on at the Hospital. Students assigned to the Hospital will be working directly under members of the House Staff.

J. Subsequent to the date of this Agreement, teaching attending staff members of the Hospital's services providing clerkship training to students of the New Jersey Medical School shall not accept any appointment in another medical school without the approval of the Dean of the New Jersey Medical School of the College after recommendation by the Affiliation Review Committee.

K. Subject to the approval of the Board of Governors of the Hospital, the Hospital may appoint to its staff, with appropriate privileges and obligations, members of the College's full-time faculty.

L. The Hospital agrees that it shall not enter into any affiliation agreement with any other medical school without the prior approval of the New Jersey Medical School of the College. The Hospital also agrees to phase out any other affiliations it may have with other medical schools as comparable replacement programs are developed by the College. The limitations contained in this subparagraph and any other provisions of this Agreement shall not be deemed to apply to affiliation with any Dental School.

M. It is also understood that the New Jersey Medical School of the College will require affiliations with other hospitals to carry out its purposes and the College alone shall determine the number and content of such affiliations. However, the College agrees to refrain from contracting any medical affiliation which would interfere with the College's obligations under this Agreement without agreement of the Affiliation Review Committee and the knowledge of the Board of Governors of the Hospital.

N. Under this Agreement both the College and the Hospital shall continue to be autonomous and shall be governed independently by their respective governing bodies and administrations except insofar as this Agreement specifically states to the contrary.

O. Neither the College nor Hospital will compensate or reimburse the other on account of any of the activities, services, or facilities provided by the other in accordance with this affiliation agreement.

P. All research programs involving the Hospital shall be subject to prior approval by the Hospital and the Dean of the Medical School. The Dean shall not approve such programs without the concurrence of the New Jersey Medical School Research Committee. Any articles or publications mentioning the New Jersey Medical School or the College in any manner must be submitted through the appropriate Medical School Department Chairman. Response to such requests for approval will be made within a reasonable time.

Q. Salaries paid by the Hospital to members of its medical staff with full academic rank shall be consistent with faculty salaries in effect at the College. In no case may the total compensation for full-time employment (as per College rules and regulations) of any member of the hospital's medical staff holding full academic rank be greater than the maximum paid to any holder of full academic rank paid by the College for full-time activity.

The salaries paid to members of the Hospital's medical staff with full academic rank shall be subject to review and approval by the Dean of the appropriate school of the College and such salaries shall also be submitted to the Dean for annual review. Existing members of the Hospital's salaried medical staff with full academic rank may continue to be employed at their current rate of pay provided that within two (2) years from the date of implementation of this Agreement such rates of pay are in conformity with those of the College.

R. This Agreement may be modified or amended by mutual consent of the parties and shall be subject to annual review. Either party may terminate the Agreement by giving one (1) year's written notice of such intention to the other party sent certified mail return receipt requested to the address set forth in ARTICLE II, Paragraph J.

## ARTICLE II:

A. The Hospital's status shall be that of an independent principal and not as agent

or employee of the College.

B. This Agreement shall be governed and construed and the rights and obligations of the parties hereto shall be determined in accordance with the laws of the State of New Jersey.

C. It is the intent and understanding of the parties to this Agreement that each and every provision of law required to be inserted in this Agreement shall be and is deemed inserted herein. Furthermore, it is hereby stipulated that every such provision is deemed to be inserted herein, and if through a mistake or otherwise, any such provision is not inserted or is not inserted in correct form then this Agreement shall forthwith upon the application of either party be amended by such insertion so as to comply strictly with the law and without prejudice to the rights of either party.

D. The Hospital shall obtain and maintain at its own expense during the term of this Agreement, and any renewal thereof, a comprehensive liability policy insuring the Hospital against any and all claims for bodily injury or death and property damage resulting from the performance of services by the Hospital, its employees, staff, and agents under this Agreement. Such policy shall be endorsed to require thirty (30) days' notice in writing to the College of any cancellation thereof and such insurance shall provide for \$300,000 combined single limit coverage for bodily injury and property damage. The College shall be furnished with two (2) certificates of such insurance prior to the effective date of this Agreement. Any failure to furnish such material or to keep such insurance coverage in full force and effect during the term of this Agreement shall constitute cause for termination.

E. The College shall obtain and maintain at its own expense during the term of this Agreement, and any renewal thereof, a comprehensive liability policy insuring the College against any and all claims for bodily injury or death and property damage resulting from the performance of services by the College, its employees, staff, and agents under this Agreement. Such policy shall be endorsed to require thirty (30) days' notice in writing to the Hospital of any cancellation thereof and such insurance shall provide for \$300,000 combined single limit coverage for bodily injury and property damage. The Hospital shall be furnished with two (2) certificates of such insurance prior to the effective date of this Agreement. Any failure to furnish such material or to keep such insurance coverage in full force and effect during the term of this Agreement shall constitute cause for termination.

F. The Hospital shall procure and maintain during the life of this Agreement

workmen's compensation and disability benefits insurance in accordance with the laws of the State of New Jersey. Two (2) certificates of such insurance shall be furnished to the College prior to the effective date of this Agreement. Any failure to furnish such material or to keep such insurance coverage in full force and effect during the term of this Agreement shall constitute cause for termination.

G. There shall be no discrimination against any employee engaged in the work required to produce the services and programs covered by this Agreement, or against any applicant for such employment because of race, creed, color, national origin, sex or ancestry. This provision shall include, but not be limited to the following: employment upgrading, demotion, transfer; recruitment or recruitment advertising; layoff or termination rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Hospital shall insert a similar provision in all sub-contracts.

H. The Hospital agrees to comply with the New Jersey Prevailing Wage Act, T.L.-1963, Chapter 150 as the same may be amended or modified, to the extent that it is subject to such Act by reason of this Agreement.

I. The parties to this Agreement do hereby agree that the provisions of *N.J.S.A.* 10:2-1 through 10:2-4, dealing with discrimination in employment on public agreements, and the rules and regulations promulgated pursuant thereunto, as the same may be amended or modified, are hereby made a part of this Agreement and are binding upon them.

J. The addresses given below shall be the address of the representative parties to which all notices and reports required by this Agreement shall be sent by mail:

Dr. Stanley S. Bergen, Jr., President  
College of Medicine and Dentistry of New Jersey  
100 Bergen Street  
Newark, New Jersey 07103

Dr. Harold A. Kaminetzky, Dean  
New Jersey Medical School  
100 Bergen Street  
Newark, New Jersey 07103

President, Board of Governors  
Hackensack Hospital Association  
Hospital Place  
Hackensack, New Jersey

WARRANTIES:

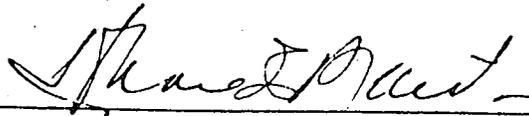
A. The undersigned do hereby warrant and represent that this Agreement has not been solicited or secured, directly or indirectly in a manner contrary to the laws of the STATE OF NEW JERSEY and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of this Agreement by any conduct, including the paying or giving of any fee, commission, compensation, gift, gratuity, or consideration of any kind, directly or indirectly to any State employee, officer or official.

B. The Hospital does hereby warrant and represent that it is qualified by training and experience to perform the required services and programs in the manner and on the terms and conditions set forth herein.

IN WITNESS WHEREOF, the parties hereto, duly authorized, have caused these presents to be assigned by their proper corporate officers and caused their proper corporate seals to be hereto affixed the day and year first written above.

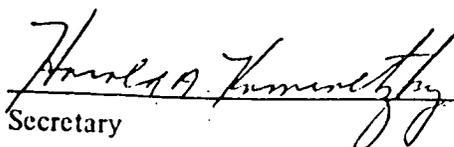
ATTEST:

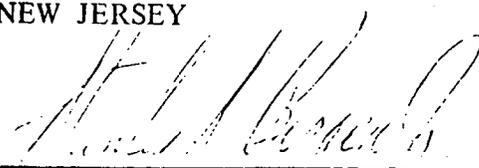
THE HACKENSACK HOSPITAL ASSOCIATION

  
Secretary

By   
President, Board of Governors

THE COLLEGE OF MEDICINE & DENTISTRY  
OF NEW JERSEY

  
Secretary  
Dean, New Jersey Medical School

By   
President