

Faculty Advisory Committee Meeting Minutes
12/14/2022

Opening

Dr. Bitoun opened the meeting at 5:02pm with welcoming remarks

Updates from Dean Hamm

Still waiting on regulatory approval for merger with LCMC. We still expect it to come this year. There needed to be School of Medicine bylaw changes such that EJ physicians could practice at EJ after the merger.

Clinical planning underway and there are dozens if not hundreds of questions on what will occur.

There will not be many changes in January of any of the facilities. There will not be significant transfer of services (from Tulane to EJ or UMC) for months.

Once we begin transfer, we will assess which in-patient and outpatient clinics will remain in the Tulane clinic buildings. Further, we will determine how expansive those clinics' services will be. Further, we must make decisions on what services should be transferred to UMC over EJ?

Renovation of 7th floor of Hutchinson will begin in late spring to summer. This will involve a demo phase followed by a renovation phase. This will primarily affect the Department of Medicine. Many offices will go to Murphy, and labs will move to temporary units. Everyone will be moved out.

Education going well, lots of ACGME residency/fellowship programs. Still tackling some specific program issues. One institutional issue from the hospital site.

Research continues to grow despite the other things going on. We don't envision stopping there. We hope we are in the midst of continuing to build our research enterprise. So that we can have more synergies.

Need to invest in more growth over the long term. We have two ongoing interim leadership positions, one in Child psychology and the Radiation oncology chair will be leaving in March. We are also recruiting a GI, HEMONC Section Chief. This is a growth opportunity.

Faculty questions

Question/comment on regulation of water temperature/pressure in biological labs and uneven maintenance of Hutchinson. For example, trash gets picked up every day, but stairwells are never cleaned, and the parking garage doesn't get cleaned routinely.

Answer, let us know by emailing Sue Pollack concerns and copy Dr. Hamm

Question: on faculty retention. Can there be transparency in faculty salary ranges for faculty who ask for raises? Are we in line with the AAMC publication of salary averages?

Answer: A lot of this is looked at in some capacity every year for most areas, but this varies widely from department to department. It's easier to compare across basic science departments than clinical science departments.

Question: Has the push for the AAU hires pan out?

Answer: Won't know for how well these decisions are for 10-15 years but they are great in the short term.

Question: How can we do a better job at retaining research technicians? Can we share lab personnel among faculty to keep good people around.

Answer: Not sure how to operationalize that scenario. Dr. Krousel-Wood mentioned that this is the model for clinical research coordinators so we can look at how to operationalize this model for basic sciences research.

Question: Will there be clinical offices at EJ?

Answer: Faculty who provide hospital-based services will have offices there, but other faculty who provide clinical services may have to reserve offices.

Question: Will the departmental strategic plans be shared with faculty?

Answer: Admin has not charged the departmental admin with development of a strategic plan. Dept of medicine is trying to put together one, but not all. Growth plans, yes. Anyone can ask.

Question: How will EJ change to allow for more of a teaching atmosphere?

Answer: There is a huge difference in running a hospital from the perspective of a medical supervision/care model versus education model. This includes how people are managed at EJ. We have to provide high quality education to residents, which is a different model that practice. The transition plan will begin months from now. The growth plan is beginning now.

Question: What is the plan for faculty retention?

Answer: Part of this plan/transition/merger is to be better financial shape. But, this deal gives us about the same money from that we've gotten from HCA. This deal doesn't guarantee financial robustness. However, it provides the opportunity to become more financially robust. We anticipate clinical revenues will be strained during this transition, but we want to maintain salaries.

Question: Are there plans to start a CRNA school with the nursing school?

Answer: Not fully resolved. Preliminary talks

Question: What exactly is the promised 200-250 million dollars of LCMC and 100 million dollars of Tulane going?

Answer: More precisely, the 220 million of LCMC capital will be provided over 5 years and is earmarked for UHS hospitals. Most will go to EJ, but some could go to Lakeside Hospital and Lakeview Hospital. Tulane is investing 100 million in infrastructure upgrades to the downtown

campus, including the Hutchinson renovation and the Charity renovation. This is not part of agreement between LCMC.

Question: Are we required to include non-compete clauses for new hires?

Answer: Although Tulane has been burned previously, there is no requirement to add non-compete clauses to contracts.

As we merge, most hospital employees will stay on HCA payroll for a while, and they will be leased by LCMC. This way the HR system can transition slowly.

Faculty Affairs update

Dr. Bitoun invited Dr. Krousel-Wood for updates from Faculty Affairs. 5:59pm

Dr. Krousel-Wood thanked Dr. Bitoun for the opportunity and declared that we are assessing faculty reviews. More to come.

Closing

Meeting was adjourned at 6:01pm by Dr. Bitoun.