

February 2012 PRMCE General Medical Staff Report

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Providence Health System is awarded again!!

The following was recently shared by Dr. Myron Berdischewsky, the Providence Health System CMO:

The Thomson Reuters 100 Top Hospitals: 15 Top Health Systems once again named Providence Health & Services among the top 20 percent of best-performing large health systems in the country. The study analyzed clinical quality and efficiency metrics for 321 U.S. health systems.

This is continued evidence that, guided by our Quality Strategic Framework combined with focused leadership, we are making progress on our Providence-wide journey to improve the quality of care and patient safety.

The Thomson Reuters 100 Top Hospitals: Health System Benchmarks is an annual, quantitative study from objective, independent research using public data sources. The study recognized 15 health systems setting the highest benchmarks along with another 49 best performing health systems. Together, these top 20% of health systems outperformed their peers by having better patient survival rates, fewer patient complications, better longer-term outcomes, better adherence to accepted care protocols and patient –safety standards, shorter hospital stays, and higher patient satisfaction scores.

The Thomson Reuters study assessed all U.S. health systems with two or more short-term, general, non-federal hospitals. Researchers looked at twelve metrics that measure clinical quality and efficiency including:

- Mortality
- Medical complications
- Patient safety
- Core measures
- Average length of stay
- 30-day mortality rate for heart failure, acute myocardial infarction, and pneumonia
- 30-day readmission rate for heart failure, acute myocardial infarction, and pneumonia
- HCAHPS patient satisfaction

Congratulations and thank you for your relentless focus on clinical improvement and excellence in patient care. This is a strong example of our continued progress towards achieving our compelling vision.

Thanks to all for your hard work during the recent inclement weather!

It was truly amazing to experience the wonderful response of staff, medical staff and administration during the recent period of inclement weather in our area. Thank to all of you that continued to provide such responsive and outstanding service, and to all who went the “extra yard” to either stay beyond your scheduled times, staff emergency response areas, and/or even bring in providers and staff that were stuck due to weather. It makes one feel great about being part of this team, and your efforts truly made a difference for our facility and our patients.

Thanks!!

Nursing relations at PRMCE

I have repeatedly stated that one of the primary reasons I choose to come to work at North Sound Emergency Medicine (as opposed to other local/regional offers I received) was the cordial and collaborative environment I perceived amongst the PRMCE medical and nursing staff at the time I interviewed in Everett. Indeed, I’ve validated this decision repeatedly over my years here at PRMCE, and I have heard similar praises from many other co-workers during my time here.

PRMCE Nursing and Medical Staff Leadership recently met to look at ways in which we can continue to expand on our collaborative relationships. One suggestion offered by our nursing leadership was to survey our Medical Staff to determine directly from you what our areas of strength are, and where might we have opportunities for improvement. This idea was met with great approval, and thus please know that within the next few weeks a Survey Monkey on this topic will be coming your way. Your participation and insight is greatly appreciated, and will hopefully help us make a good relationship even better!

Along a similar vein, during our recent meeting the request was made of Medical Staff to please let our nursing leadership know of outstanding interactions that you encounter at PRMCE. Certainly we want to know about negative interactions so as to properly review these and make improvements as identified. But we also want to properly recognize interactions and service that goes above and beyond. Your help with this is greatly appreciated!!

On the legislative front – 2012 WA-HCA proposal

In 2011, the Washington State Health Care Authority (HCA) proposed limiting non-emergent ED visits for Medicaid patients to 3 visits per year; that was struck down on several procedural grounds. Now, *tentatively* effective on April 1, **HCA will not pay for any non-emergent ED visits for Medicaid patients**. The changes are much more draconian than the three visit rule. The key points are:

1. No non-emergent visits (as defined by the list of codes previously published) will be reimbursed. An “EMTALA screening payment” will be made by managed care plans for managed care clients, but “there will be no EMTALA screening payment for clients covered by the fee-for-service program.”

2. Our emergency rooms will not be able to bill the recipient as this is still considered a “covered service.”
3. HCA feels that no exceptions or exclusion process is necessary.
4. The implementation date is tentatively April 1, 2012. There is little recourse for case review

To keep you fully informed, here are links to the following documents for your reference:

- The announcement from HCA: <http://listserv.wa.gov/cgi-bin/wa?A2=ind1201&L=HRSA-PROVIDERS&T=0&F=&S=&P=2994>
- The Question & Answer document (which is also attached): <http://hrsa.dshs.wa.gov/News/Fact/NonMedicallyNecessaryERVisitsFAQ.pdf>

At this point the various stakeholders, including the Washington State Medical Association, the Washington Hospital Association, and the Washington Chapter of the American College of Emergency Physicians will need to determine what actions may be warranted. I will send regular updates to you as I learn more.

Dr. Anita Tsen joins PRMCE Credentials Committee

We welcome Dr. Anita Tsen as the newest member of the Credential’s Committee. You may recall that the PRMCE Credentials Committee had an opening starting this January. Following a write-in nomination (requiring 5% support of the medical staff) Dr. Tsen won the position after a very close election. We welcome Anita to the team, and thank everyone who participated in the process, as well as all of our Medical Staff voters.

“Just Culture”

You have read in recent reports about functional changes that have been occurring within the Quality Review Processes at PRMCE. Most everyone involved has been very impressed with the results – much more prompt and standardized approach to quality review across all hospital divisions. We owe a great deal to Dr. Sam Finn, chair of MSQRC, for leading this charge.

Additional work is ongoing at PRMCE that will help us move even beyond quality review – one might say a step towards a more “proactive vs. reactive” approach to assuring quality care. This is a philosophy that’s already well ingrained in many industries – frankly, we have a lot of catching-up to do in the “House of Medicine”. Fortunately for us, we have some great leaders helping steer us in the right direction. The following summary comes from Dr. Patrick Kneeland, one of our Medical Hospitalists and co-chair (along with Dr. Sarah Hansen) of the Medicine Quality Review Committee. Let us all take note:

Just Culture: An Overview and Opportunity

P. Kneeland

Since the publication of “To Err is Human” in 1999 and “Crossing the Quality Chasm,” in 2001, hospitals have made great strides in embracing a culture of “no-blame” to enhance patient safety. Healthcare finally has begun to recognize that punitive cultures ultimately promote cover-up, fear, blame, and shame that hinder our ability to improve the faulty systems that let individuals down. But, as it turns out, “no-blame” is only part of the story. Not only do high-reliability organizations focus on systems that alleviate inevitable human error, they seek to delineate human error from gross negligence and the

continuum between those poles. In other words, they balance “no-blame” with “accountability,” and they mandate transparency, consistency, and fairness. The overriding philosophy behind this type of balance has become known as “Just Culture,” and its breadth of influence includes aspects of quality and peer review, along with rapid and honest disclosure of errors to patients. A “Just Culture” gives us as a hospital and as professionals a model to learn valuable lessons from unintended patient outcomes. We, the Medical Staff, have an opportunity to take the lead in fostering and building a Just Culture as a component to providing high-value, patient-and-family-centered care.

One of the hallmarks of a Just Culture is the implementation of peer review processes that seek to differentiate:

- Human error (“I grabbed my spouse’s keys from the bowl instead of mine”)
- At-risk behavior (“I was driving 65 mph even though I know the speed limit is 60”)
- Reckless behavior/negligence (“I was driving 120 mph.”)

Proponents of Just Culture offer an algorithm, called the “Unsafe Acts Algorithm” to guide this important distinction (<http://www.unmc.edu/rural/patient-safety/culture%20survey/Unsafe%20Acts%20Algorithm%20070507.pdf>). Developed through years of research in other high-risk industries (e.g. nuclear power, aviation) and adapted for healthcare, this algorithm allows reasonable people to systematically review the behaviors of others and respond to them appropriately:

- In the case of human error, console the provider.
- In the case of at-risk behavior, coach the provider.
- In the case of recklessness or recurrent at-risk behavior, punish the provider.

When transparent and consistent error review systems are set up and interpreted thoughtfully, providers can shed their fears of being blamed for human errors; learn from at-risk behaviors; and be removed from a system if reckless. At the end of the day, these interventions create an environment that promotes safe patient care -- and allows providers to get on with the important work of continuous improvement to make care safer and more effective.

Want more information?

1. <http://www.chpso.org/just/index.php>

2. Just Culture: A Primer for Health Care Executives

<http://psnet.ahrq.gov/resource.aspx?resourceID=1582>

Pavilion OR Changes starting in February

The following message regarding upcoming Pavilion Operation Room changes is provided by our Surgery Division Chief, Dr. Jay Cook:

After much debate and deliberation, the decision has been made to change to a Monday through Thursday schedule in the Pacific ORs beginning Monday, February 6, 2012. At that time the da Vinci robot will be moved to the Colby campus and will continue to be available with the current block schedule Monday through Friday.

The rationale for this action is relatively low overall OR utilization at Pacific, which is not sustainable in our challenging economic time. Additionally, moving the robot to Colby will allow robotic surgery for higher acuity patients than is possible at Pacific.

We will also have increased flexibility to run the robot room later in the day when necessary to accommodate an increased surgical volume.
Please direct questions to Dr. Jay Cook, Chief of Surgery, or Judy Canfield, RN, Director of Surgical and Interventional Services.

EPIC Update

The following comes from our lead EPIC Physician, Dr. Russell Beckley:

Dear Medical Staff,

Only 3 months to go! May 1 for outpatient go-live, May 12 for inpatient go-live. By now you should have received emails about Epic Training. We hope you will all be successful in getting signed up for the classroom training sessions. I encourage you all to log into HealthStream as soon as you get the instructions and get registered. This will give you the best opportunity to sign up for class times that are most convenient to you. Once you have registered in HealthStream, you can also start working through the prerequisite elearning. I have included the text of my original email from 1/19 for more information at the end of this month's newsletter.

We are pleased to announce that we have added two additional Clinical Champions to our group. Todd Denkinger has joined us from the Emergency Department, and Alanna Goodman has joined us from the Anesthesia Department. This brings our number of Clinical Champions to a total of seven.

We are hoping to finalize our roster of SuperUsers over the next couple of weeks. SuperUsers are providers, Physicians, ARNP's and PA's, that will support the medical staff starting with training, through go-live and beyond. We are hoping to have 30-35 total. The core of their job is to work as teaching assistants in the classroom sessions that most of you will be attending, and then work shifts in the hospital during the first two weeks of go-live as the providers overseeing the "zones" of our facility. In addition to the SuperUsers, the Clinical Champions will be working hard the two weeks of go-live. We will also have many visiting Providence System SuperUsers and Clinical Champions helping us during our go-live from other ministries as well.

We know that many of you have questions and concerns about Epic. Don't hesitate to contact any of your Clinical Champions. Also, I would like to suggest if you would like one of the Clinical Champions to attend any of your meetings to spend a few minutes reviewing the process and answering questions, please email me, and we will arrange that!

Thanks for your attention,

Russell Beckley, on behalf of:

- Russell Beckley, Medical Hospital Team
 - Russell.Beckley@providence.org
- Frank Andersen, Division Chief Women and Children Services
 - Frank.Andersen@providence.org
- Todd Denkinger, Emergency Medicine
 - tmdenkinger@northsoundem.com
- Bill Finley, General Surgery Hospital Team
 - J.Finley@providence.org
- Alanna Goodman, Anesthesia

- alannagoodman@yahoo.com
- Eric Lee, Medical Hospital Team
 - Eric.Lee@providence.org
- Robert Munoz, Family Practice, PPG
 - Robert.Munoz@providence.org

Upcoming CME Opportunities at PRMCE

The following educational opportunities are coming up:

- **Addiction Medicine Conference – March 1-2, Tulalip Hotel (brochure will be available within the next two weeks)**

Registration/Brochures are now available at:

- <http://www2.providence.org/northwest-washington/medical-staff/medical-education/Pages/CME-Conferences.aspx>

Please feel free to contact Ms. Jeri Sackett (PRMCE CME Program Coordinator for any additional information and questions. She can be reached at

(425) 261-3690

Jeri.Sackett@Providence.Org

February PRMCE Grand Rounds

This Wednesday, February 1st (ie. tomorrow) from 0700-0800 in the Colby Back Dining Room, with breakfast being served. Dr. Alan Wong will be talking on “Vitamin D – An update for the Clinician”!

Respectfully submitted,

Enrique Enguidanos, MD, FACEP

PRMCE Medical Staff President

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