Dear Colleagues,

As we round out another year in an ever-changing, advancing and complex healthcare industry, I want to turn our attention to the constant epicenter of our work – the patient.

Our central job – to help people get better – can sometimes get blurred by the barrage of new healthcare regulations coming out of Albany and Washington and the breakneck speed of new advancements, procedures and technology in our industry. Understandably, improving the way we communicate with our patients and each other can sometimes fall off of our radar screens. However, we have to force ourselves to remain focused on the importance of some basic tenets that we learned in medical school – communication, compassion and respect.

As you know, the Ellis Medical Staff has been working with Ellis leaders, the Studer Group and Press Ganey to help us improve our customer service. We’ve been given all the tools we need – AIDET, Rounding, White Boards, etc. and now our job is to implement these behaviors and be consistent – every patient, every time. We’re dedicating this issue of the newsletter primarily to a review of some customer service practices all of us need to hardwire.

And remember that patient satisfaction is a team sport. For example, I may be the admitting doctor in a case, but my patient will interact and rely on the expertise of many of my colleagues before being discharged (e.g., GI, Critical Care, Renal doctors, PAs, nurses, techs, etc.). When it comes time for my patient to complete her patient survey, her ratings will reflect not only her impressions of my work, but her total experience at Ellis. The bottom line is that we all have to provide very good care, always, which includes a pleasant bedside manner and effective communication.

Why is this important? First and foremost improved patient satisfaction leads to higher quality and better outcomes which are always the end goals of our jobs. The post script to these efforts is the reality that patient satisfaction scores are part of the equation for how we are reimbursed. Effective this past July, the government has started tracking the data for the new Value Based Purchasing model in which payments are tied to performance, which includes a patient satisfaction component.

Please join me in giving these patient satisfaction improvement efforts the time and commitment they deserve.

On behalf of Ellis Medicine and the medical staff leadership, I want to thank each of you for all your hard work this past year – each and every day – and wish you and your families a healthy and happy holiday season.

Sincerely,

John Nolan, M.D.
This acronym is an important and powerful way of communicating with patients who often feel stressed, overwhelmed and scared when in a hospital or healthcare setting.

Example:

Acknowledgment: “Hi Mrs. Smith.” [smile, make eye contact and shake hand].

Introduce: “I’m Doctor Jones. I’m a Hospitalist, which means I’m a physician who specializes in taking care of patients during their stay at the hospital. I’m board certified in Internal Medicine and have been part of the Ellis team for five years. My colleagues and I will be available 24/7 to take very good care of you. Before I listen to your breathing, are there any concerns you have?”

Duration: “I’ve ordered a chest x-ray for you this morning. Your nurse, Deb, will bring the transport team into your room as soon as they arrive for you. The trip to our imaging department, getting the x-ray and getting back up to your room should only take about 30 minutes.”

Explanation: I want to follow-up from your last chest x-ray to find out how well your pneumonia is clearing.

Thank you: “Do you have any questions? Thank you for letting us take care of you. You’re in good hands here on the A-6 unit.”

The AIDET Benefits

- Decrease Anxiety
- Increased Patient Compliance & Trust

Manage Up

When communicating to patients/families and co-workers, talk about your colleagues positively. For example, you might tell your patient that they are in very good hands with the nurses on the unit. Don’t hesitate to manage up yourself, too. Managing up makes patients feel better about their team of providers and gives the next clinician a head start in gaining the patient’s trust.

WHITE BOARDS

White boards visibly hang in all patient rooms. We as physicians need to check to make sure our name is on them. If not, write your name in, as well as your plan of care goals for that day. Use the information on the board to help you effectively communicate with the patient about their plan of care. You might even refer to the white board and say, “Your nurse, Ana, is terrific. I’ve worked with her for many years and she’ll take very good care of you.”

ROUNDS FOR OUTCOMES

Doctors all know “rounding” on patients means checking in on them to assess their condition and plan of care, but the concept of “Rounding for Outcomes” takes the communication with patients (or even staff and colleagues) to a new level – getting their feedback for the purpose of leaving the conversation with specific outcomes. Takeaways from rounding will likely include opportunities for improvement and opportunities to recognize and reward a colleague/staff member.

LEARN MORE, BE ENGAGED

Ellis’ physician coach from the Studer Group is Dr. Wolfram Schynoll. He is a resource all Ellis physicians can tap into.

Have you ever read a patient survey? Do you have questions about HCAHPS or AIDET? To learn more about Ellis’ patient satisfaction efforts, contact Joyce McCormack, Ellis’ director of the Patient Experience, at 243.1721 or mccormackj@ellismedicine.org.
VBP 101
By Jim Desemone, M.D.,
Ellis Medicine Director of
Medical Staff Quality

Ellis and hospitals around the country are soon going to be reimbursed based on the Value Based Purchasing (VBP) methodology that rewards hospitals for quality of care through payment. The VBP model reimburses hospitals based on their performance of standards set by the Centers for Medicare & Medicaid Services (CMS). The overall Quality Rating is based on:

Value Based Purchasing

In 2011, CMS identified 11 clinical process measures that we in Quality Services count. Two of the 11 process (“core”) measures include whether the correct antibiotics are chosen for a patient being admitted with pneumonia and whether appropriate prophylactic pre-op antibiotics are given to patients before surgery.

Patient Satisfaction is measured by a survey that is sent to patients after they are transitioned from hospital to home. The name of the survey is the Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS), which quantifies a patient’s subjective experience and satisfaction during their hospitalization.

A Lot at Stake
Beginning October 1, 2012, Medicare will hold back 1% of their reimbursement dollars, and hospitals will have the ability to earn back the withheld based on their 70/30 overall Quality Rating. The yearly withhold will increase gradually to 2% beginning October 1, 2016. It is obvious that the stakes are high.

It should not be surprising that at Ellis, because we have talented medical, nursing and clinical support staffs, our clinical process scores are high: you can check them out at hospitalcompare.hhs.gov. You can also view our patient satisfaction scores at that website, and you will see that there is opportunity for improvement.

Eight of every 10 of our patients feel that physicians always communicate well with them. Ideally, we would like that to be 10 out of 10, but even if we increased the fraction of patients who felt that way to 9 out of 10, our VBP score would skyrocket. That’s because the VBP rating is based on our percentile rank, which compares us to all U.S. hospitals.

The data that will be evaluated in FY 2013 (October 1, 2012 to September 30, 2013) started being collected in July 2011 – so the time is now to focus on patient satisfaction and to provide very good care.

Clinical Process Measures

**Acute Myocardial Infarction**
1. PCI Within 90 Minutes of arrival
2. Antibiotic One Hour Prior to Incision
3. Antibiotic Selection
4. Antibiotics Discontinued after Surgery
5. Cardiac Surgery Patients Postoperative Glucose
6. Recommended VTE Prophylaxis Ordered
7. VTE Prophylaxis Within 24 Hours of Surgery

**Heart Failure**
1. Discharge Instructions

**Pneumonia**
1. Blood Cultures Performed Prior to ABx
2. Appropriate Antibiotic Selection

**Surgical Care Improvement**
1. Beta Blocker Prior to Arrival
2. Antibiotic One Hour Prior to Incision
3. Antibiotic Selection
4. Antibiotics Discontinued after Surgery
5. Cardiac Surgery Patients Postoperative Glucose
6. Recommended VTE Prophylaxis Ordered
7. VTE Prophylaxis Within 24 Hours of Surgery

**Cleanliness and Quietness of Hospital Environment**
1. Area around room kept quiet at night
2. Room and bathroom kept clean

**Discharge Information**
1. Did you go home, someone else’s home, or to another facility?
2. Staff discussed help need after discharge
3. Written symptom/health info provided

**Communication of Medications**
1. Were you given any new meds?
2. Staff explained medicine
3. Staff clearly described side effects
4. Staff explained what was going to happen

**Doctor Communication**
1. Did you need help to get to the bathroom?
2. Staff helped with bathroom needs
3. Call button answered
4. Doctor courtesy and respect
5. Doctors listen carefully
6. Doctor explanations are clear

**Nursing Communication**
1. Did you need medicine for pain?
2. Pain well controlled
3. Staff helped patient with pain
4. Staff listened to your concerns
5. Staff communicated effectively

**Responsiveness of Staff**
1. Did you have to wait longer than you thought you would?
2. Did you need help to get to the floor?

**Pain Management**
1. Did you have sleep problems?
2. Did you have pain?
3. Did you need more pain medication?

**Overall Rating**

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STROKE AWARD

Congratulations to Ellis’ Stroke Team for earning a place on the Stroke Honor Roll and for being recognized with a 2011 Gold Plus Performance and Quality Achievement Award from the American Stroke Association.

OWN THE BONE

Ellis Medicine is proud to be the first hospital in the region to launch the American Orthopedic Association’s Own the Bone program, which aims to promote improved bone health. “Through the program we hope to better identify, evaluate and treat patients with osteoporosis or fragility fractures,” said Orthopedic Surgeon Matthew DiCaprio, M.D. “At Ellis, we’re striving to improve the education and care these patients receive.” Ellis was recognized as an Own the Bone site in the August issue of U.S. News & World Report – “Best Hospitals” Guide.
HONORS

Dr. Paul Spurgas, chair of Ellis Medicine’s Neuroscience Department and chief of Neurosurgery at Ellis, has been named the 2011 Physician of the Year by the New York State Society of Physician Assistants.

Dr. Robert Dachs, Ellis Emergency Department physician, recently spoke at the Agency for Healthcare Research & Quality in Washington, D.C. about “Top 10 Innovations in Primary Care.”

Dr. John Fulco, a diagnostic and interventional radiologist, was honored earlier this year for his more than 30 years of service to the American Medical Association and Medical Society of the State of New York. Dr. Fulco was recognized at the annual meeting of the AMA’s House of Delegates in Chicago.

Dr. Sonya Sidhu-Izzo recently attended the American Academy of Family Physicians Congress of Delegates, representing the New Physician constituency as one of two elected alternate delegates nationwide. She will serve as a full delegate next year. Dr. Sidhu-Izzo is a hospitalist at Ellis Medicine.

Kudos to two of Ellis’ family medicine physicians: Ingrid Bermudez, MD was honored with the 2011 Pfizer Teacher Development Award from the American Academy of Family Physicians, and Gary R. Dunkerley, MD received the 2011 Program Director Bronze Level Recognition Award from the Association of Family Medicine Residency Directors.

Dr. Demetrios Paidoussis, a third year chief resident in the Ellis Family Medicine Residency program, was recently awarded third place for his scientific poster (“Severe Rhabdomyolysis in a Popular High Intensity Exercise Program”) at the national American Medical Association meeting in New Orleans.

HOECKEY FEVER

Cheer on Ellis Medicine’s hockey team at an upcoming game:

Saturday, December 10 | 7:15 PM
Albany County Hockey Facility
830 Albany-Shaker Road, Loudonville
(opposite the airport)

If you’re interested in joining the team, please contact:
Dr. Robert McKay at mckayr@ellismedicine.org