Health First

June 2008

Physician e-Xcellence

Your vital source of information for Health First medical quality initiatives

For Medical Staff members at CCH, HRMC, and PBCH

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Physician e-Xcellence **is published by Health First for physicians on the Medical Staffs at Cape Canaveral Hospital, Holmes Regional Medical Center, and Palm Bay Community Hospital.**

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Quality Leads:

HCAHPS Update

By Jim Palermo, MD, HF Chief Quality Officer

Expanded reporting of patient satisfaction scores to assist patients in making informed healthcare decisions has arrived online — and it's an effort in which physicians play a major role. **HCAHPS** or **H**ospital **C**onsumer **A**ssessment of **H**ealthcare **P**roviders & **S**ystems is the Centers for Medicare & Medicaid Services (CMS)-mandated patient satisfaction survey. Public reporting of HCAHPS results started this spring (late March) on the www.hospitalcompare.hhs.gov website—the same website where Core Measures performance and mortality rates are also reported.

HCAHPS basics

The initial HCAHPS data-reporting period was October 2006 through June 2007 (nine months). A new update, expected by early July, will include a full 12 months of reporting (October 2006 through September 2007).

The survey contains 27 questions, which have been grouped into six sections or domains:

- **Communication with Doctors**
- **Communication with Nurses**
- **Responsiveness of Staff**
- **Communication about Medications**
- **Discharge**
- **Pain Management**

In addition to these six domains, answer choices to four individual questions are publicly reported:

- Would You Recommend this Hospital to Family/ Friends?
- Rate the Hospital (on a scale of 1-10)
- Room Cleanliness
- Room Quietness

The Internet display includes a bar graph showing how often patients choose the "Top Box" or best response of ***"Always"*** when responding to questions in the six domains and the four individual questions. Consumers also have the ability to drill down into the data.

Hospitals nationally have the option to suppress their HCAHPS data from posting on the Internet. However, Health First has chosen to publicly report. As of July 2007, CMS began paying hospitals by not decreasing the annual reimbursement update when hospitals submit their data, but CMS is now moving to "Value-Based Purchasing." This means that "Pay for Reporting" will transition to "Pay for Performance," which really amounts to achieving an expected level of performance that then "buys back" the percentage of CMS reimbursement that is held back and put aside to "pay" for performance.

Health First HCAHPS results

The overall performance at Health First hospitals appears competitive with aggregate survey data from other hospitals on a state and national basis. The data also suggests that one of the domains where there is the greatest opportunity for improvement is "Communication with Doctors." The questions within the "Communication with Doctors" survey domain are:

- During this hospital stay, how often did doctors treat you with **courtesy and respect**?
- During this hospital stay, how often did doctors **listen carefully to you**?
- During this hospital stay, how often did doctors **explain things** in a way you could understand?

Possible responses to each question are: *"Always"*, *"Usually"*, *"Sometimes"*, *"Never"*— with *"Always"* being the "Top Box" response, which is the only response reported for HCAHPS scoring on the Hospital Compare Website.

Improving "Top Box" responses

How do we improve the "Top Box" responses for HF hospitals? It's important to first understand what's perceived as "good" and "bad" communication. "Good communication" is illustrated in the following comments taken directly from our surveys:

- "Dr. X is fantastic! He was very informative and caring for patient and family."
- "My doctor cares about you."
- "It was comforting to know all the physicians were working together and they are the BEST!"

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- "My doctors were very nice. They answered all my questions."
- "I was there only one day but was very well informed."
- "Dr. X exceeded my expectations. He made sure both myself and my husband understood everything. He listened well to our concerns and eased our anxieties."

The following comments reflect what our patients perceive as "bad communication" that did not earn a "Top Box" score:

- "Doctor never told me what was going on."
- "I had to chase him down three times to really find out what the problem was. He never explained it to me."
- "My physician was not communicative, especially when my son wanted to speak with him and discuss my treatments and concerns."
- "Could spend more time — was in and out in a flash."
- "Physicians were always in a rush."
- "He did not seem to care about me at all."
- "Physician seemed very busy and did not have time to answer questions."
- "My doctor did not seem very concerned and I never knew what was going on."

Good patient communication strategies are highlighted in the sidebar on this page.

HF hospitals' action plan to improve satisfaction

Quality Improvement Teams with multidisciplinary members from clinical and support areas throughout HF hospitals have developed and implemented "Best Practice" action plans that include:

- Daily rounding by managers and/or charge nurses to reinforce our commitment to free and open dialogue between clinical management and patients/families
- Purposeful hourly rounding by bedside nurses on their assigned patients
- Using key words and scripting to improve communication
- Managing up (promotes teamwork)
- Establishing the patient's priorities for the day and working to meet their individual needs
- Service recovery *(See the Skylight/My Care Connection article in this PEX issue for more on that.)*

It's anticipated that healthcare consumers will be able to understand and relate to the HCAHPS domains/questions in a more meaningful way than with other publicly reported information, such as Core Measures. With time, as consumer choice is shaped and driven by readily accessible information on the Web, HCAHPS performance will play an increasingly vital role in a very competitive healthcare environment for market share. The key to enhanced patient satisfaction is collaborative, constructive teamwork by physicians and hospital associates to recognize our patients' needs and focus on meeting those needs—*Every patient. Every time.*

Good patient communications

Physician communication drives a patient's perception of their physician's quality and focuses on meeting the patient's needs. Acknowledged "Best Practices" to optimize communication are:

- **Announce your presence by knocking on the door to avoid any personal privacy disruptions and ensure the patient is prepared and in a position for your visit.**
- **If a first time visit, introduce yourself, and hand out your business card to the patient and family members as an invitation for open communication.**
- **Single most important thing: Sit down when talking to the patient—two minutes sitting is better than 15 minutes standing in the doorway (based on the patient's perception).**
- **Let patients "tell their story" without interruption.**
- **Always provide more information than instinctively necessary.**
- **Use non-technical, easy-to-understand language.**
- **Before leaving, ask if the patient wants to discuss anything else.**
- **Human acknowledgment, such as eye contact, a smile, and a reassuring touch adds a very personal element and reinforces physician beneficence.**
- **Always remember to keep the family informed.**
- **Manage up—strive to reinforce the commitment that you and the entire care team have for providing quality, safe care that meets patients' needs by:**
  - ✦ **Putting others in a positive light**
  - ✦ **Communicating teamwork to the patient**
  - ✦ **Motivating hospital staff to do their best for you and your patients**
  - ✦ **Reinforcing your confidence in and the ability of other physicians on the care team**

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e-Physician

What IT can do for YOU, and what YOU can do with IT

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CPOM order set content development update

By David P. Hurwitz, MD,
HF Medical Director of Clinical Informatics

There are a number of challenges to building an effective and widely utilized **computerized physician order management (CPOM)** application. From the physician perspective, CPOM must have high-quality, up-to-date medical information as well as an easy-to-use electronic ordering process (user interface) that does not adversely affect physician workflow. As noted in several of my previous articles, physician involvement in CPOM project design, testing, deployment, and updates is critical for the project's success. CPOM development efforts are already underway at Health First. This article focuses on medical information content development for CPOM, and more specifically for **physician order sets**.

Transitioning from paper to computerized order sets across the HF hospital system

Physicians at CCH, HRMC, and PBCH have authored a large number of condition-specific (e.g., pneumonia, stroke) paper-based order sets over the years. Many of these high-quality order set efforts are hospital-specific, resulting in multiple order sets for the same condition across the HF system. For example, there are currently three separate paper-based community-acquired pneumonia order sets available (via FormImprint)—one for each hospital. On closer examination, the three order sets are extremely similar, which is not unexpected since pneumonia is a common condition, has well-established and widely accepted evidence-based guidelines for evaluation and treatment, and is a condition treated very similarly by physicians regardless of hospital. In addition, order set content must be periodically reviewed and modified as evidence-based guidelines change. The three pneumonia order sets noted above have been periodically updated, but since they are independent efforts, the timing of those updates is not uniform. For instance, the HRMC pneumonia order set was last updated 3/2007, CCH on 4/2007 and PBCH was updated 12/2007.

To reduce our duplicate and fragmented order set content authoring and upkeep efforts, a paradigm shift is needed toward systemwide standardized order sets. I want to emphasize, however, that standardized order set content does NOT mean "cookbook" medicine. Standardized order sets must have built-in flexibility to account for nuances in individual patients, particularly patients with multiple co-morbidities, and allow for reasonable differences in physician practice preferences.

Physician input needed

CPOM will be the eventual tool in which standardized order set content will be housed and utilized by physicians. In preparation for order set integration into Sunrise Clinical Manager, a considerable amount of physician involvement and input is needed to author, review, validate, and endorse order set content. This component of CPOM is largely physician-driven and should result in a sense of physician ownership in the resulting order sets.

To successfully engage physicians across the HF system in order set development, the process must be efficient and respective of physician time and location constraints. A previous attempt that utilized only monthly face-to-face meetings of the Clinical Domain Group was unsuccessful. A major barrier to success was the lack of an efficient mechanism for physicians to review content and submit feedback between meetings.

Based on my recent experience, it's clear that web-based collaborative tools largely help to overcome time and geographic constraints for physicians participating in order set content development. Over the past six months I've been working closely with Emergency Department physicians (representatives from

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Brevard Emergency Services based at HRMC/PBCH and Space Coast Emergency Physicians based at CCH) in preparation for our migration from EMSTAT to Sunrise Clinical Manager's **ED Manager**.

A major part of the ED Manager project is to create standardized order set content for use by emergency physicians across the HF system. At an initial in-person meeting with physician representatives from each group we discussed the philosophy and goals of the project. Going forward, we utilized virtual tools such as a web-based order set prototype with an electronic feedback mechanism (available anywhere, anytime) followed by several virtual meetings utilizing WebEx software to come to agreement on order set content based on ED physician review and feedback. We've created content for nearly 50 order sets—a task we could not have accomplished without virtual, collaborative methods. This order set content continues to be refined and tweaked.

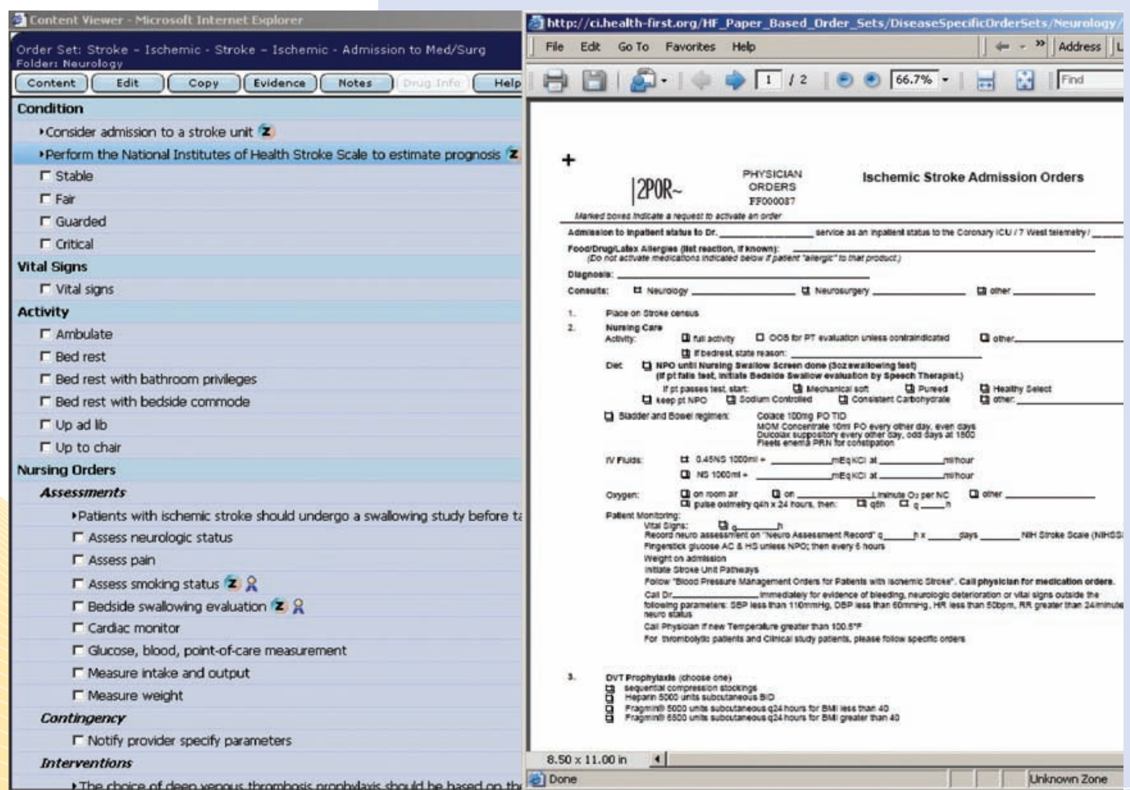
The Physician Advisory Team & new web-based collaborative tools

Inpatient electronic physician ordering is more complex than in the ED and success will also rely on strong physician participation, with representatives from our three hospitals taking part in a newly formed CPOM advisory group called the **Physician Advisory Team**.

Health First recently purchased **evidence-based order set content** from a third-party vendor, **Zynx Health**. Zynx content is used by many hospitals throughout the country and has been successfully integrated into CPOM systems. Zynx has recognized the essential importance of the **virtual order set content development** process and offers web-based collaborative tools. Under the direction of an order set "owner" physician, physicians participating in developing specific order set content will have access to a Zynx tool called **View Space**, which will enable physicians to review and comment on items in that specific order set. In addition, there will be simultaneous access to electronic versions of previously authored paper-based order sets developed by physicians to help reconcile with Zynx order content *(see screenshot below)*. Over a predetermined period of time, the order set owner will reconcile the order set content based on feedback and suggestions and work with his or her peers to finalize the order set. Representatives from Pharmacy and Nursing will also have the opportunity to give their input. Once content is agreed upon, the order sets will be released for general use.

Since medical knowledge continues to rapidly evolve, order set content development will need periodic reassessment and updating. Zynx regularly updates its content, sometimes on an urgent basis, for example when a drug is withdrawn from the market — such as Vioxx. Physicians need to remain engaged for this maintenance phase of order set content development.

With physician involvement and effective collaborative tools, we will be able to create a library of standardized, up-to-date, evidence-based order sets for use in CPOM as we strive to deliver high-quality patient care.



Partial view of Zynx Ischemic Stroke order set content with electronic form of HF paper-based order set to the right for simultaneous comparison. Electronic feedback by physician reviewers can be given by selecting the "Notes" button at the top.

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IT NEWS *you can use*

Physician scheduling just got a lot more Web-savvy… and a whole lot easier!

Thanks to **Health First Chief Information Officer Rich Rogers** and **Director of Patient Access Michelle Fox**, we're well on our way to implementing SCI Solution's Provider Portal to streamline outpatient scheduling as well as saving time and costs. In fact, all facets of patient access experiences through Scheduling and Registration will be automated, thus integrating the healthcare enterprise and connecting our hospitals with providers via the Internet.

Earlier this year, **SCI Solutions Physician Order Entry System** was installed in HF Physicians offices reaping "e-Xcellent results." Outpatient orders between the hospitals and referring providers are electronically submitted, received, and tracked, which eliminates problems associated with lost orders and referrals, fax transmissions, and follow-up phone calls to track an order's status. "I'm pleased with the efficiencies that this application is creating within the Health First Physicians offices," said **HFP President/COO William Morgan**. Other local physician groups will be given access later this year.

On June 16th, Health First went "live" with a new enterprise-wide access solution.

The Department of Centralized Scheduling uses this one system to pre-register and schedule patients in the first available appointments at any Health First location according to the exam ordered. They also provide patient preparation instructions associated with procedures, check medical necessity, and verify insurance. In addition, automated patient appointment reminders are sent by phone or email.

In the fall, the SCI Solutions application will allow for physician offices to schedule directly onto specific hospital department schedules such as Radiology. Patients and caregivers will also be able to self-schedule mammograms via the Web.

The new system is expected to result in increased customer satisfaction with more appointments scheduled per month, no more overbooked resources, online viewing of preparation instructions, and smoother patient processing. We anticipate that physician offices will see increased efficiencies by the reduction of tedious manual processes, faxes, and phone calls. We imagine fewer missed appointments due to the automated reminders sent via phone or email from the SCI Solutions system. Last but not least, is the peace of mind that comes with physicians being able to remain focused on delivering quality of care, instead of the logistics required to coordinate care.

For more information about the SCI Solutions system, contact **Director of Patient Access Michelle Fox** at **Ext. 46017**.

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Interactive patient education/information system "My CareConnection"/ Skylight installed throughout HF hospitals

By Rich Rogers, VP/Chief Information Officer

Once primarily a source of entertainment, the television in your patient's hospital room has been transformed into a powerful platform for patient education, improved service, and enhanced, interactive communication.

Called "My CareConnection" the patient room television system now powered by Skylight ACCESS and often referred to by that name within the HF system is an interactive entertainment and information system operated by patients with the same hand-held controller they use to call their nurse. The "My CareConnection"/Skylight system also has a wireless keyboard for Internet access.

"It's a very robust service with an education component for the patient that really assists physicians in carrying out their plan of care," says **Susan Stackpoole, MSN, RN, Director of Nursing Operations at CCH** and a member of the HF My CareConnection/Skylight Steering Committee that oversees the system's content. "It also assists with the discharge process because the patients are better educated about their diagnosis and know what questions to ask their doctor."

Patient education function

There are more than 160 videos under the Patient Education link, with topics sorted and customized to fit the primary needs of patients on each unit within the three HF hospitals. For example, on a floor dedicated to cardiac care, patients first see a top-ten list of video topics most appropriate for their diagnosis, but can navigate to watch any of the educational offerings.

Since first going live in The Heart Center at HRMC in the fall of 2006, the My CareConnection/Skylight system recently expanded throughout Health First with installation now complete at both CCH and HRMC. Televisions are being converted to the system at PBCH as patient rooms are renovated.

"We're constantly looking for ways to better link the information on Skylight," explains My CareConnection/Skylight Steering Committee Member **Peggy Pettit, RNC, HRMC director of Clinical Nursing**. "For example, on the pain management screen in the 'About Your Care' section, we've added information about watching a video on that topic and a button to automatically take you there."

Basic information is customized for each HF facility and a comprehensive room orientation video is available to provide visual education about inpatient room features and services. Other locally produced videos include a patient safety message that explains the patient's role in their safety while hospitalized. The system also includes the capability to "push" specific videos or information to a patient through a reminder message appearing on the patient's television screen when the patient is viewing other cable television programming.

"The system benefits patients and caregivers. The ability to have the patient watch a video when appropriate frees up the caregiver's time to do other things that also impact patient care," says **Matt Gerrell, HF Marketing & Communications representative** on the My CareConnection/Skylight Steering Committee. "If a patient doesn't understand something, he or she can watch it again."

Service recovery benefits

As we strive to constantly improve the patient care experience, My CareConnection/Skylight allows us to find out how were doing in key areas *before* a patient is discharged, while there's still time to do something about the issue. Screens allow patients to send a service alert related to Dietary, Environmental Services for room maintenance, Case Management, Pastoral Care, and Billing services, with an automatic

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My CareConnection - continued from page 6)

notification process ensuring the proper department responds within a specified amount of time.

Patient satisfaction targeted

Based on results from the HCAHPS patient satisfaction survey, the My CareConnection/Skylight system displays a customized set of five service-related questions for each hospital. Essentially they highlight areas indicated by HCAHPS results for each hospital as needing improvement.

For example at CCH, one of the questions is:
Staff describes medication side effects:

- Nurse kept you informed
- Staff includes you in treatment decisions
- Staff addressed emotional needs

The answer choices are *"Always", "Usually", "Sometimes,"* and *"Never",* with anything less than *"Always"* sending an automatic alert to the unit's Nursing leadership.

"We found that nurses were sometimes forgetting to talk about side effects, so we put a label on the medication record as a reminder," says Stackpoole. "We're seeing improvements daily in our service based on input from our patients. Skylight has given us the ability to respond to their questions and needs promptly and allows us to improve our customer service in many areas before patients leave the facility."

A work in progress

The benefits for patients using the My CareConnection/ Skylight system will continue to evolve. It's important that clinicians at the bedside understand the system and encourage patients to use it. Nursing is taking a lead role in associate education. At CCH, that includes group and one-on-one education to assist staff in understanding the full capabilities and content within the system.

"We're always brainstorming news uses for how the system can impact patient care. As new ideas come in, we're sharing those ideas across the system," says Pettit.

The HF Healthcare Information Technology (HIT) team is working to tie in Skylight's patient education component with Nursing documentation, with the potential for administering an onscreen comprehensive quiz for patients after they've watched a video. The goal is for the results to then feed into the Sunrise Clinical Manager/Knowledge-Based Charting system, documenting that a patient understands what he or she has viewed.

The My CareConnection/Skylight Steering Committee is also exploring the ability to move meal service ordering and selection onto the digital television-based system. "This program has tremendous potential that we're discovering each day," adds Stackpoole. "I think the sky's the limit."

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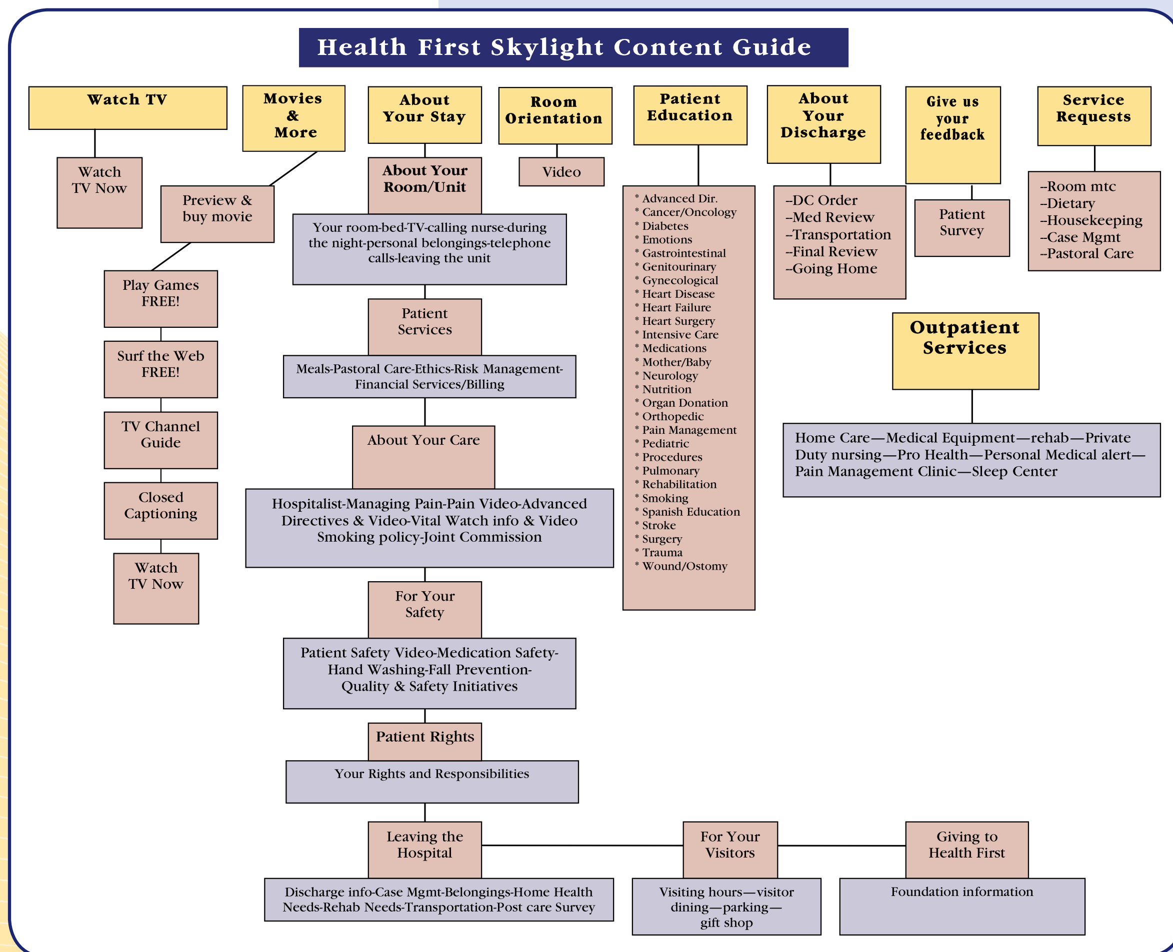

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Do a checkup on your calendar!

Calendar

June 2008

27 **CME — Breast Cancer Management: Updates, Advances, and New Options,** Issam Makhoul, MD, University of Arkansas (11:30 am to 1:30 pm, HRMC Auditorium)*

July 2008

4 **NO CME—HOLIDAY WEEKEND**

11 **CME — C. Difficile Infection,** Winnie Teh, MD, HRMC

14 **PBCH Department of Surgery meeting for all surgeons on the PBCH Medical Staff** (7 am, PBCH Community Room—Breakfast will be served)

18 **CME — (Topic To Be Announced),** James Shaffer, MD, HRMC & Health First VitalWatch eICU Program

21 **HRMC Medical Executive Committee** (6 pm, HRMC Auditorium)

25 **CME — UA/NSTEMI In Focus: Implementing New ACC/AHA Guidelines in the Emergency Department and Beyond (NSTEMI),** Jose Martin, MD, University of Miami

29 **PBCH General Medical Staff Meeting** (6 pm, PBCH Cafeteria)

Please note: CMEs at the new HRMC Auditorium are video-conferenced into the PBCH Community Room.

*For all CME sessions, lunch is from 11:30 am to 12:30 pm, and the presentation is from 12:30 to 1:30 pm. For information and CME records, call **Dee Rogers** at **434-1966**.

NEW! Category 1 CME Credit will now be provided for Medical Staff members who attend Tumor Board Meetings at CCH, HRMC, and at Melbourne Internal Medicine Associates.

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