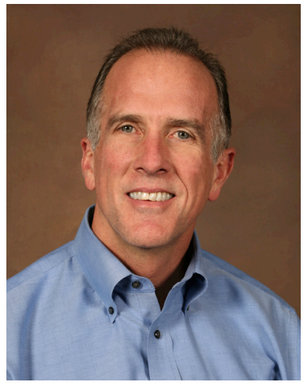
NEWSBriefs

Pumping Up the Volume of Physicians' Voices

New council of Chief Medical Officers expands physician influence

HCA has long been respected for business and financial success. As a company, we aspire to earn the same reputation for our clinical excellence. Indeed, the imperatives we face in the changing landscape of American healthcare require it. But we clearly see it can only happen if physicians are involved earlier, and more meaningfully, in decisions that ultimately affect you and the care of your patients.



Scott Williams, M.D., the Mountain Division's CMO

As HCA pursues many new initiatives that require clinical expertise as well as business management skills to improve care and reduce overhead and operational costs, it has become inescapably obvious that physicians need and deserve more consistent representation in crafting new projects. If proof was needed, it came in the form of serial physician objection to projects built without sufficient prior involvement.

That's why HCA recently hired 14 Chief Medical Officers – one for every division – to significantly expand the influence and power of physicians in the company. Dr. Ravi Chari, a surgeon from Nashville, chairs the Clinical Excellence group and coordinates weekly calls of all the CMOs. Their discussions focus on developing specific clinical excellence projects dually aimed at improving patient care and better using limited healthcare dollars. (One example: improved ICU ventilator extubation protocols that reduced both time on vents and overall length of stay.)

In addition, the HCA Division CMO group is also a new venue for elevating physician concerns from the field related to issues like clinical best practices, credentialing, documentation requirements, etc.

Dr. Scott Williams represents physicians from the Mountain Division in this group, and invites input not only from elected Medical Staff leaders at EIRMC, but all EIRMC physicians.

Already part of the Medical Staff's day-to-day grind are the "CMS-imposed" clinical initiatives that doctors have (mostly) learned to live with. These include core measures, HACs, readmissions, etc.

But this new structure allows HCA physicians to move beyond what's happening "to" you, and instead to proactively select the clinical initiatives **you** believe are important. For most, this is a more appealing way to approach improvement than regulated, reactive and compliance-based mandates. And arguably, it's more likely to work, as human beings will defend what they create, and physicians are no exception.

In the Mountain Division, the Chief Medical Officers, in collaborate with Chief Nursing Officers, picked three clinical excellence projects for 2012:

- Implementing the full evidence-based approach to early and rapid treatment of **sepsis**.
- Improving the safety of **opiates** in PCA pumps.
- And reducing the unnecessary administration of **blood products**.

These picks were low-hanging fruit, because abundant data suggests we have significant opportunity to improve patient outcomes while at the same time reducing costs. The intent is for hospitals to implement these projects in a way that works for the physicians and nurses whose workflow and patient care is directly affected by them.

In the health care delivery system of the future, success will be judged by "value" – the best outcomes for patients, at the right price. Only by developing stronger partnerships will EIRMC and physicians create shared success in this brave new world of

Know a an Extraordinary Colleague?

Nominate him/her for the Frist Humanitarian Award

We are now accepting nominations for the employee, volunteer and physician recipients of the 2011 Frist Humanitarian Awards, which recognize those who demonstrate extraordinary concern for the welfare and happiness of patients and our community.

Past physician winners of the Frist Humanitarian Award include Drs. Tony Golden, Shannon Jenkins and Judy Jones.

Nominees should:

- Demonstrate remarkable concern for the welfare and happiness of patients and perform extraordinary acts of kindness (not necessarily in the area of direct patient care);
- Demonstrate a level of commitment to community service beyond the daily operation of the facility that parallels their involvement to quality patient care; and
- Have contributions that may be overshadowed due to personal modesty and genuine humility.

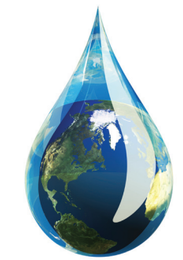
Nominate someone! Nomination forms are available at EIRMC's HR department and the Cafeteria, and are due by April 12th.

"Please contact Dorothy Yelton at 7679 or 521-2145 if you have any questions."

April 2012

Physician LINK

EIRMC Newsletter for physicians and their staff



FEATUREstory

RNs Take the Helm in Improved EIRMC Access Center

One call still does it all – and then some.

The relaunch of EIRMC's Access Center will now provide truly fast, seamless and frustration-free onboarding services supporting transfers and admissions for your patients and their families. Think of it as Access Center 2.0.

In the past, staff manning the One Call line were clerically trained flight dispatchers, and while highly knowledgeable about FAA and transport regulations, they were less fluent in matters medical, or matching the right Specialist and services with the incoming patient.

They also lacked a clear lens into bed availability, staff availability and other system resources, which sometimes delayed the fast "yes" that's so critical for a referrer to hear who has a deteriorating patient on their hands.

But all that changes on May 2.

RN staffing. First, Access Center staffing switches from a clerical to a clinical model.

Continued inside

1-800-4U-EIRMC
1-800-483-4762

Eastern Idaho Regional Medical Center
Access Center
One Call Does It All

Call Us!

Yes **1-800-4U-EIRMC**
1-800-483-4762

Dispatch

Specialist Direct

House Supervisor

EIRMC Physicians' Education Conference

April 13	Maxillomandibular Advancement Surgery for Obstructive Sleep Apnea Riley Hicks, M.D.
April 20	To Transfuse or Not to Transfuse Jared Morton, M.D.
April 27	Pediatric Airway Richard Lee, M.D.

Eastern Idaho Medical Education Consortium is accredited by the Idaho Medical Association to sponsor category one continuing medical education for physicians.

All classes are Friday at 7:30 a.m. at EIRMC, Classrooms A & B.

For more information, contact:
Shanna Hardman, Medical Staff Asst.
(208) 529-6260
shanna.hardman@hcahealthcare.com

the SPECIALIST

Meet Brian Rundall, D.O.

Name of Practice: East Falls Cardiovascular and Thoracic Surgery

Specialty: Cardiovascular & Thoracic Surgery

Board Certification: American Board of General Surgery

Services: Heart Surgery, Off-pump Coronary Bypass, Endoscopic Vein Harvest, Heart Valves, Lung Surgery, Peripheral Vascular Surgery

How to Contact: 208.535.4600

in the FIELD

Meet Jenny Willmore, PA-C

Name of Practice: Upper Valley Community Health Services

Specialty: Family Practice

Years in Practice: 7+

Board Certification: Physician Assistant

Services: Full Service Family Care

Hobbies: Outdoors, hiking, biking

How to Contact: 208.624.4100;
20 North 3 East, St. Anthony

Access Center Cont.

Manning the new Access Center will be some of EIRMC's most trusted and experienced RN's:

- House Supervisors
- Paramedics
- Resource Nurses
- Team Leaders

They speak your language, think in clinical terms, know all the players, and can communicate and direct traffic better. They will focus on matching each unique situation to optimal services that best meet the patient's needs – and yours.

True view of available resources. At the same time the RN's take the helm, we're also deploying robust new supporting technology. An investment in new software gives Access Center personnel a system-wide view: bed availability, on-call Specialists in every specialty, staff availability, and more. And Access Center staff are also empowered to redirect or redeploy resources in order to meet transfer and admission needs.

Flawless transport support. Even transport arrangements (if the patient needs a ride to get to EIRMC) will now move faster. Dispatchers and Access Center RNs work side-by-side, so a single 1 800 4UEIRMC call activates both, with the Dispatchers free to concentrate exclusively on transport logistics, while the Access Center RNs place laser focus on connecting the accepting Specialist with the sending Referrer, plus directing necessary resources to support the admission.

Faster acceptance. On rare occasions when the Specialist can't be reached quickly, our new approach allows Emergency Physicians to accept, so transport and transfer details can proceed without delay. The Referrer/Specialist consult can develop with the ball already rolling.

Knowledgeably medical direction. Dr. Jeff Stieglitz, Emergency Medicine Physician, will be the Access Center's Medical Director. He brings the unique perspective of a physician who has worked at many of the sending facilities across the region, so he has a 360 degree point of view on what everyone needs from the Access Center.

Benefits to referrers. All these changes add up to speed and convenience. And that produces huge benefits for sending ER's, hospitals, nursing homes, clinics and urgent cares, as well as local doctors sending over direct admissions.

Benefits to accepting Specialists. Specialists receiving the transfer or admission will also love these improvements. They'll no longer have to confirm EIRMC's status to accept patients; peer-to-peer collaboration with regional colleagues will be smoother; report will be better; patient documentation will already be started; patient progress through the ER into procedural areas or IP units will be faster; and bottom line, if their phone is ringing, they'll know they really are the appropriate go-to Accepting Specialist.

Access Center Coordinator Julie Hogue says, "What I'm really excited about is RNs staffing it. I'm a nurse, so I know the Specialists; I know what the doctors need; I know where the patients need to go. The best part? Our new I.T. system lets us move patients, staff and beds throughout the hospital. Whatever needs to happen, and happen fast—we can make it happen. In the past, the people who answered the phone didn't have that power."

Eastern Idaho Regional Medical Center
Access Center

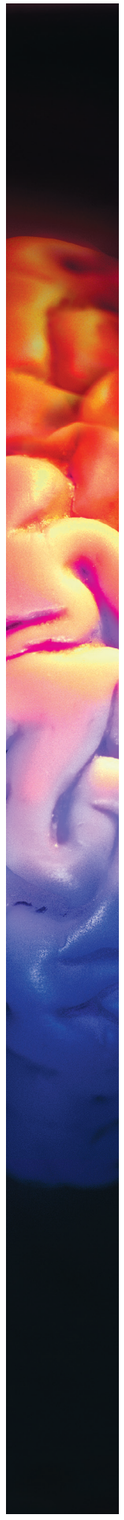
Information Needed:

- **Provider/Facility Name**
- **Provider Call-Back Number**
- **Patient's Name**
- **Patient's Date of Birth**
- **Diagnosis**
- **Level of Care Sought**
- **Does Patient Need Transport?**

Referrer/Admitter

Access Center Services

- Transports
- Direct admissions
- ED-to-ED transfers
- IP-to-IP transfers
- Physician-to-physician consults
- Primary care to accepting specialist transfers (including admissions to Hospitalists)
- Nursing home-to-EIRMC transfers
- Out-of-state transfers



NEWSBriefs

We Did It! Primary Stroke Center Verification Earned

EIRMC becomes 1 of only 2 Joint Commission verified stroke centers in Idaho

After a head-to-toe survey of clinical operations, protocols, charts, intervention and outcome data, personnel and more, just this past week, EIRMC was awarded Primary Stroke Center certification and the Gold Seal of Approval by The Joint Commission. We have been working toward this rigorous goal for more than a year, and the impact for improved care of stroke patients is even more satisfying than the credential itself.

Certification signifies that EIRMC has exerted exceptional efforts to improve outcomes for stroke care, and that our hospital consistently provides the critical elements to optimally care for these patients. It is the best signal to the community and region that we are specially equipped to meet the unique needs of stroke patients.

In Idaho, only St. Alphonsus in Boise also holds Primary Stroke Center Certification.

EIRMC's surveyor from TJC wryly observed that given our size and geography, she expected to find that EIRMC just "dripped and shipped" our stroke patients. She was amazed to find all our interventions and the scope of services we provide, as well as our impressive outcomes.

Last year, EIRMC cared for:

- 165 Ischemic stroke patients
- 30 Hemorrhagic stroke patients

Our treatment rate for patients who arrived here within the window of time for treatment was much higher than the national average. Of the Ischemic Stroke patients, 43 arrived fast enough to be within the window for treatment, and met criteria to receive the clot-busting medicine. (The window used to be 3 hours, but with certain criteria, it's now expanded to 4.5 hours, and our ability to give certain meds Intra-Arterially extends that window to 6 hours in some cases.)

Whether by IV meds or Intra-Arterial intervention by the neuroradiologists in our Angio Suites, we were able to treat 49% of these stroke patients.

"It's gratifying to have The Joint Commission recognize our commitment to providing the best possible care to our patients and our community, and we couldn't have done it without the leadership of the Medical Staff, and in particular, Dr. Garland, our ER docs, the neuroradiologists, neurosurgeons, physiatrists, hospitalists and internists. Big thanks also to Anna Gruwell, our Stroke Program Coordinator."

But we're not resting on our laurels. We now have our sights set on better supporting our regional counterparts in their care of stroke patients through the use of telemedicine, as well as providing additional community and regional education about stroke symptoms and warning signs.

Stroke is the nation's third leading cause of death, and on average, someone dies of a stroke every 3.1 minutes. Stroke is also a leading cause of serious, long-term disability in the United States, with about 4.7 million stroke survivors alive today.

Superior Stroke Care by the Numbers

Accelerating Door-to-Needle Times
2011 vs. 2009:
18% improvement

Lower-than-Expected Complications
Symptomatic Intra Cerebral Hemorrhages due to tPA: 0%

High Rates of Treatment
EIRMC: 49%
Nat'l Avg: 3 - 5%

Aggressive Stroke Management
IV tPA
Intra-Arterial Thrombolysis
Mechanical Thrombolysis with Penumbra
MERCI