

July  
2013

# Physician LINK



EIRMC Newsletter for physicians and their staff

**STAYING TRUE**  
With Red, White & Blue

Follow us:



**There are no  
Physician Education  
Classes scheduled  
in July.**

## Improvements in OR Increase Efficiency and Outcomes

FEATURE STORY

Changes are afoot in the OR, with the department implementing new and innovative improvements for you and your patients. A key priority is to implement new processes to help with first case start-times and turnaround times. Highlights of these changes include: making sure all levels of staff are communicating effectively, continually noting causes of delays and implementing action plans, and working with travelers and new hires to make sure they are up to speed. Here are a few more of the improvements being made, with many more on their way.



### Turnaround Time Improvements

Our #1 goal is to have processes and people working parallel with each other to eliminate extra time associated with waiting on others. For example:

- Wasted time between cases is reduced by streamlining the patient assessment and transport process.
- RNs and Certified Surgical Techs now participate in room cleaning duties before the patient is out of the room.

- Certified Surgical Techs pitch in with shave, site prep, and foley-placing duties.
- PACU RNs pick up patients in the OR for transport at end of case with the anesthesia provider (in trial phase).
- Lockable boxes for drug bags are placed in each OR room, reducing the need for RNs to run back and forth to return/retrieve them between cases (in trial phase).

### Other improvements:

- Anti-embolic devices are placed on the patient in Holding- instead of in the OR- so that it is performed in parallel with room prep and not after.
- Anesthesia providers actively participate by drawing meds early for the next case, transporting patients solo from Holding to the OR, and initiating stronger communication with the OR on patient readiness.
- Re-education on procedure end and start times to ensure consistency in charting and no loss of data integrity.
- Restructured new employee orientation to emphasize turnaround performance.

### OR First Case Delays Reduction

- Increased vigilance identifying delays, entering delay code into Meditech.
- Better communication with night staff involved with early morning cases.
- Significant effort to “fact-find” delays and create solutions.

## Meet Joe Liljenquist, M.D.

Name of Practice: Idaho Orthopaedic Surgery, P.C.

Specialty: Orthopaedic Surgery, Sports Medicine

Years in Practice: 6

Services: Orthopaedic Care and Surgery, Sports Medicine

Leadership: Assistant Scoutmaster

How to Contact: 522-3355



## Meet Chad R. Horrocks, M.D.

Name of Practice: Driggs Health Clinic and Teton Valley Hospital

Specialty: Family Practice Physician

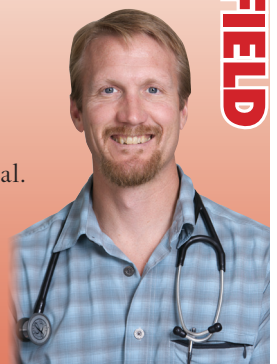
Board Certification: Family Practice

Years in Practice: 17 years

Services: Full scope of family practice care, including colonoscopies at Teton Valley Hospital.

Leadership: Chief of Medical Staff and serves on the Board of Directors for Teton Valley Health Care, Inc.

How to Contact: 208-354-2302



the SPECIALIST

in the FIELD

## Surveys Across the House

As we continue to play the waiting game on Joint Commission's arrival, many of our departments have been visited by their own credentialing bodies. Here's an update:

### Lab Certification

*College of American Pathology (CAP)*

Our laboratory recently underwent a survey comparable to TJC. CAP inspectors examined the laboratory's records and quality control of procedures for the preceding two years. CAP also examined laboratory staff qualifications, equipment, facilities, safety program and record, and overall management.

After finding only very minor improvements, a surveyor was quoted as saying, "that the patients of Idaho Falls don't know what a gem they have."

### Trauma Certification

*The American College of Surgeons*

EIRMC was recently re-verified as a Level II Trauma Center. We are still waiting on the final report; preliminary results suggest ZERO deficiencies! Here are the strengths the surveying team identified:

- Our trauma team and trauma staff
- Physical plant and services provided
- Emergency Department: Excellent staff that are well educated and enthusiastic
- Radiology impressive with 5 interventional radiologists
- Local EMS/Air Idaho: Great support and collaboration

## Tap & Go Technology is Here

*Once-a-day badge swipe saves you time and frustration*

Once again, HCA continues to lead the pack in front of other healthcare systems when it comes to innovative technology. Have you heard about Tap & Go? It's a "single sign-on" system that allows you to log-in just once a day to EIRMC work stations. When you access a computer the first time each day, you'll log in with your password as normal. But the next time, you simply swipe your badge over the Tap & Go reader. That's cool technology!

## PICU Marks Six-Months in Operation

*Full Spectrum of Intensive Care Services Complete*

Here's what EIRMC's PICU offers:

- Pediatric Intensivists specially trained in pediatric critical care medicine
- Advanced equipment and highly specialized staff of nurses, respiratory therapists, physical and occupational therapists, social workers and nutritionists
- Cheerfully decorated, kid-friendly rooms, family spaces and a playroom
- Child Life Specialists to help families and children cope

### Scope of Service



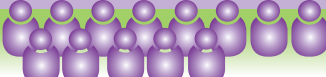



- Moderate to severe Respiratory diseases and/or needing endotracheal intubation or mechanical ventilation
- Non-life-threatening Neurologic diseases, seizures responsive to therapy, or neurosurgical post-op care
- Hematologic/Oncologic diseases or life-threatening bleeding, severe anemia, or complications of sickle cell crisis
- Endocrine/Metabolic diseases, or other electrolyte and metabolic abnormalities
- Gastrointestinal diseases, bleeding or foreign body needing emergency endoscopy
- Minor Renal, minor Cardiac, or Multi-system diseases
- Periop care, acute care, or needing transfer from other health care facilities
- Or, needing application of special technology or medication



Also, in the event of any pediatric trauma, Dr. Hertzog, and all of our pediatric intensivist locums will now respond. Their presence ensures the precise treatment and continuity of care that pediatric patients require is there from the start!

## What We've Seen:

### PICU Admissions and Diagnoses

Jan.		9	• Idiopathic Thrombocytopenia/Anemia
Feb.		15	• Seizures • Tonsilectomy & Adenoidectomy Bleed
March		14	• Bacterial Meningitis • Botulism
April		13	• Cleft Lip Repair • Asthma
May		12	• Airway Edema • Asthma
June		17	• Congenital Myotonic Dystrophy • Anaphylaxis • Diabetic Ketoacidosis (DKA)

**TOUGH ENOUGH TO WEAR PINK?**  
Sponsored by Wrangler

**It's a Pink-Out!**  
**EIRMC Night at the Rodeo**  
**August 2, 2013**