



### Pathology Service Offers Accuracy, Timeliness

To the College of American Pathologists, an 85% turnaround for surgical pathology diagnoses within two working days is the 'Gold Standard', but community hospitals using services from the Robert Wood Johnson Medical School's (RWJMS) Department of Pathology enjoy two-day turnaround times of between 90 to 95%.

"It is important to provide the correct results as soon as possible," says Janusz Godyn, MD, professor of pathology and chief pathologist at Robert Wood Johnson University Hospital at Hamilton and Bayshore Community Health



Janusz Godyn, M.D.

Services. The laboratory, open 24 hours a day, begins assessment immediately after specimens are obtained and features overnight processing. Diagnosing specimens on Saturdays is also a unique feature, enhancing service to physicians.

Accuracy and timeliness are the cornerstones of the Pathology and Laboratory Medicine Service currently provided at RWJ University Hospitals at New Brunswick and Hamilton, Bayshore, and Southern Ocean County Hospital, and available Network-wide. Quick communication on results combined with a focus on safety and cost-effectiveness, round out the core principles that drive the department's efforts to provide a comprehensive range of surgical pathology, cytopathology and laboratory services.

Pathologists review approximately 40,000 surgical specimens each year, many complex. All pathologists are board-certified in anatomic and clinical pathology, and many are board-certified in a range of subspecialties. Pathologists consult with subspecialty experts at the RWJMS and with national experts for some highly complex cases. New tests and equipment have been added to meet specific hospital needs, including:

- a new transfusion database for antibody-positive patients,
- a blood bank database to improve tracking and disposition,
- hematology instruments and a microbiology laboratory at Bayshore, and
- a molecular pathology service at RWJUH and a soon-to-open cytogenetics laboratory.

In addition, the service conducts community education screenings and lectures to community healthcare professionals. Pathologists also provide directorships for laboratories in each hospital and participate on medical staff, hospital and community committees.

"The Pathology and Laboratory Medicine Service believes it is important to understand and appreciate the needs and concerns of each hospital we work with," said Peter Amenta, MD, PhD, Chairman of the Department of Pathology at the Medical School and Interim Senior Vice President of Medical Affairs at RWJUH. "In addition to expertise, accuracy, proximity and cost-savings, we offer the support, consultation and involvement needed to form a true partnership. The ongoing exchange of information fosters collegiality and continues to build a premiere pathology service, network-wide."

### RWJHN Launches Neuroscience Program

Building on a foundation of clinical and surgical expertise in neuroscience, the Robert Wood Johnson Health Network (RWJHN) is launching an innovative program designed to enhance neurosurgical patient care, while expanding services available to the Network's community hospitals.

The Robert Wood Johnson NeuroScience Network (NSN) was formed with the goals of keeping neurosurgical patients within RWJHN hospitals and meeting unmet needs for neurosurgical coverage throughout the Network, while ensuring rigorous quality care standards.

"The new program capitalizes on the Network's strengths in neuroscience and enables patients to receive primary and follow-up care in their communities," said Michael G. Nosko, MD, PhD, Chief of Neurosurgery, Robert Wood Johnson Medical School (RWJMS).

Under the program, neurosurgeons from RWJMS will deliver comprehensive services to community hospitals. An 11-member Medical Council, consisting of:

- a community physician appointed by each hospital;
- Dr. Nosko, Chief of Neurosurgery, RWJMS;
- Chief of Staff, RWJUH;
- Chair of Neurology, RWJMS;
- Chief of Movement Disorders, RWJMS, and
- the RWJ NeuroScience Network Medical Director

will govern the development and adoption of clinical guidelines and protocols.

Eight RWJMS neurosurgeons will provide neurosurgical services and cover two new strategically-located medical offices, enabling patients to receive follow-up care close to home. RWJMS is also recruiting neurosurgeons in anticipation of increased volume. As the program is driven by service, consistency, and quality of care, and informed by the latest neuroscientific research findings, all newly-appointed neurosurgeons will be affiliated with the medical school.

### RWJ Health Network Health Plan – MEWA Update

RWJHN's Multiple Employee Welfare Act (MEWA) health insurance plan now covers greater than 600 lives across more than 100 practices. Continued growth through new enrollments offers the potential to expand benefits and produce greater cost savings.

"I recently joined the MEWA health plan because the previous health insurance plan was not keeping its promises," said Keshav Prasad, MD, a family practice physician in Monroe Township. "When I called to talk to someone about the MEWA plan, the representative came to my office and explained everything. I accepted the offer and now I am a happy customer with no delays getting answers or attention."

Contact Peg Douglas at 732-418-8055 for additional information.

## RWJ Health Network News

### • *Pinnacle of Performance:*

Congratulations to RWJUH at Hamilton for its 2004 Malcolm Baldrige National Quality Award and for receiving the 2004 NJ Governor's Award for Performance Excellence, Gold Level.

### • *New Leadership:*

Welcome back to Clifton Lacy, MD who returned in January as President and CEO of RWJUH, after serving as the NJ Health and Senior Services Commissioner.

### • *Nursing Achievement:*

The RWJHN moved closer to achieving "Magnet status" at all hospitals with Raritan Bay Medical Center's prestigious Magnet designation from the American Nurses Credentialing Center in October 2004.

### • *Highest Quality Outcomes:*

RWJUH and CentraState Healthcare System have garnered the Distinguished Hospital Award for Clinical Excellence in the teaching and non-teaching categories, respectively, from HealthGrades.com.

### • *Network Publications:*

The PCC's successful Clinical Integration Program was featured in the article, "Quality Improvement in the Hands of Physicians," Health and Hospitals Network ([www.hhnmag.com](http://www.hhnmag.com)), November 16, 2004.

The Physician Coordinating Council is comprised of the medical leadership of the Robert Wood Johnson Health Network members which include:

- Bayshore Community Health Services, Inc.
  - Carrier Clinic
  - CentraState Healthcare System
  - Children's Specialized Hospital
  - Raritan Bay Medical Center (Perth Amboy and Old Bridge)
  - Robert Wood Johnson University Hospital (New Brunswick, Hamilton, and Rahway)
  - UMDNJ-Robert Wood Johnson Medical School (New Brunswick)
  - Eric B. Chandler Health Center
  - Henry J. Austin Health Center
  - Plainfield Health Center
  - VNA Community Health Center
  - Presbyterian Homes & Services, Inc.
- It is the only healthcare network in New Jersey to include a medical school among its partners.

Please direct questions about any information contained in PCC Pulse to your chief medical officer or the Network's Clinical Integration Analyst, [lois.doman@rwjuh.edu](mailto:lois.doman@rwjuh.edu).

## Patient Satisfaction – Keeping a Finger on the Patient's Pulse

The third component of the Physician Coordinating Council's (PCC) Clinical Integration Program is patient satisfaction, an important quality indicator which can be used to predict a patient's likelihood of returning to the hospital for future healthcare. Patient satisfaction at RWJ Health Network hospitals continues to improve and the Network is close to reaching its performance goal in all categories.

All Network hospital members use Press Ganey to survey patients' satisfaction with the care they receive. Using a five-point scale (ranging from very poor [1] to very good [5]) the survey captures satisfaction levels across 10 categories (admission, room, meals, nurses, tests & treatments, visitors & family, physician, discharge, personal issues and overall assessment.) Percentile scores show the relationship of an organization's mean-score to the mean-score of other organizations in the peer group. The Network's goal is to be a top performer and achieve 90th percentile ratings in all categories.

Two charts show improvement trends. The "Patient Satisfaction - Overall Rating Trend," Fig. 1, shows improvement in the two-year period studied. The latest score of 85.2 ranks the Network at the 75th percentile nationally. Increasing the score by 0.8 points (to 86.0) would move the Network's rating to the 90th percentile – and to goal achievement!

The "Physician Category Mean-Score," Fig. 2, trends patient satisfaction with their physician. Patients are asked to rate their physician on a scale of 1 to 5 on statements including: 'physician kept you informed', 'time physician spent with you', 'skill of physician'. The chart shows that we have exceeded benchmark comparisons with national peers in 2004. We congratulate all physicians who worked to improve patient perception and satisfaction with their care. Thanks to your efforts we are closer to reaching our goal!

### Getting to Goal

The PCC asked the Network's Nurse Coordinating Council (NCC) to take the lead in developing strategies to improve patient satisfaction. The NCC conducted a review of the survey process, convened a Network Patient Satisfaction Committee and shares best practices among all member hospitals.

Each Network hospital strategically manages their own patient satisfaction initiatives and several have introduced innovative programs (e.g., room-service dining) to proactively meet patient needs - with very positive results.

In 2005, studies will be expanded to include patient satisfaction with outpatient care. Network hospitals will continue to work together to learn the 'tried and true' approaches to improving patient satisfaction and engaging all members of the healthcare team in the process.

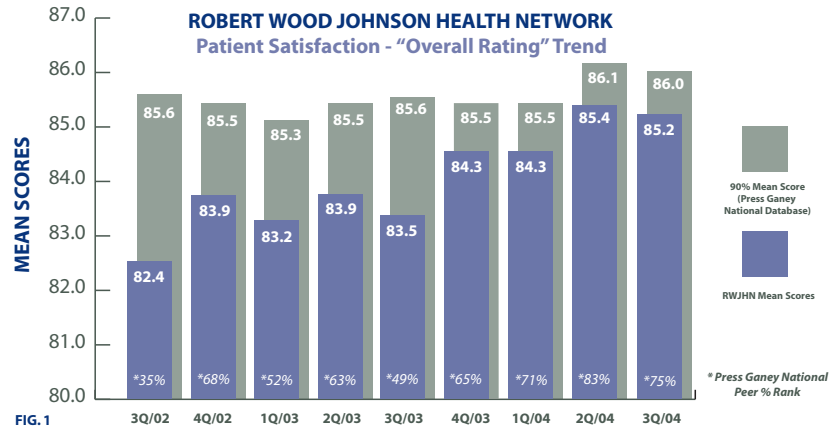


FIG. 1

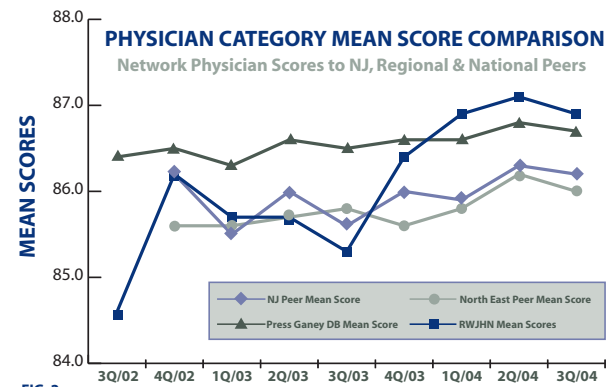


FIG. 2