

Network to Focus on Reducing Medicare LOS

Recognizing that reducing Medicare length of stay (MLOS) is an issue for physicians as well as Network hospitals, the Physician Coordinating Council (PCC) will put a major focus this year on helping physicians throughout the Network achieve optimal and cost-effective MLOS.

"The PCC has an obligation to identify MLOS as a major problem, and to facilitate the exchange of information with physicians that communicates that LOS is not just a hospital issue – it is also a physician issue," said John R. Middleton, M.D., Chief Medical Officer and Chair, Department of Medicine at Raritan Bay Medical Center, and chair of the PCC. "CMS (Medicare) pays according to the DRG (Diagnosis Related Groups) and the DRG system doesn't

care how long the patient stays in the hospital. CMS will only pay a certain amount. If a patient is staying in the hospital for seven days, the hospital is probably getting paid for five."

Since CMS (Medicare) is a major payor of care for most hospitals, this has a significant impact on hospital finances and, ultimately,

inhibits the hospital from accomplishing its mission.

"If hospitals aren't paid for what they do, then it prevents the hospitals from developing services and investing in equipment and Information Technology which benefit physicians and patients," he said.

Communication is Key

Hospitals throughout the Network have made Medicare LOS a top priority for 2006, focusing on enhanced coordination of care and more efficient through-put, and, in some cases, turning to hospitalists and intensivists to streamline patient care. Hospital medical leadership is also accelerating the discussion and documentation of best practices as a way to maximize efficiencies.

The PCC will serve as a critical liaison between the physicians and hospital leadership, said Dr. Middleton, making sure that the lines of communication are open to exploring and collaborating on initiatives that can help all hospitals reach their MLOS goals. The benefits to physicians may not be seen as immediate, but he believes that reduced MLOS can bring unexpected bonuses.

"Physicians can make more efficient use of their time, have the ability to see more patients, or have some time to relax," he said.



John R. Middleton, M.D.

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Medication Reconciliation: A New Mandate

With previous reports showing that up to 50 percent of all medication errors and up to 20 percent of adverse drug events in hospitals are caused by breakdowns in communication at patient transitions through the care continuum, the Joint Commission on Accreditation of Healthcare Organizations has mandated improvements in medication safety beginning this year.

Hospitals will be expected to establish formal processes and protocols, with defined tasks, responsibilities and accountabilities to ensure compliance with the regulations, said Ira Klein, M.D., MBA, Medical Director for Quality and Case Management, Bayshore Community Health Services.

The new patient safety regulations most relevant to physicians include:

- Implementing processes for obtaining and documenting a complete list of the patient's current medications upon entry, including vitamins, nutraceuticals, and over-the-counter medicines;
- accurately and completely reconciling medications across the continuum of care, and
- establishing formal processes of communication when a patient transitions to a different level of care and at discharge.

Confronting the Medication Safety Challenge

Successfully meeting the new requirements will require cooperation between physicians, nurses, and hospital pharmacists as well as clear-cut protocols that ensure that the patient is kept safe with the right medications at the right doses. Processes that support and facilitate communication -- backed by hospital system support -- will be needed, particularly to address the issues that arise with the management of complex cases. When multiple physicians and surgeons are involved, decisions and timing of discharge can be complicated. As such, the need for clearly defined tasks and responsibilities will be critical.

Physician monitoring of medications from entry to discharge can certainly help in the overall effort, said Dr. Klein. The completeness of the medication interview at entry, followed by the physician review upon admission and continual monitoring throughout the hospital stay will help avoid errors. At discharge, Dr. Klein suggests a discussion at bedside for a complete run-down of what the patient has at home, making sure to avoid the potential for improper dosing or overdosing with medications the patient already has and assumes they should continue to take.

Meanwhile, the PCC will provide guidance to Network hospitals on implementing effective strategies and adopting new technologies -- such as computerized physician order entry -- to support a streamlined and accurate reconciliation process. In the meantime, hospitals can use existing systems, notably the Medication Administration Record, to develop essential lists to be used at entry and across the continuum of care.

"Medication reconciliation may not be 'high level'," said Dr. Klein, "but it is necessary for patient care and safety."



Ira Klein, M.D.

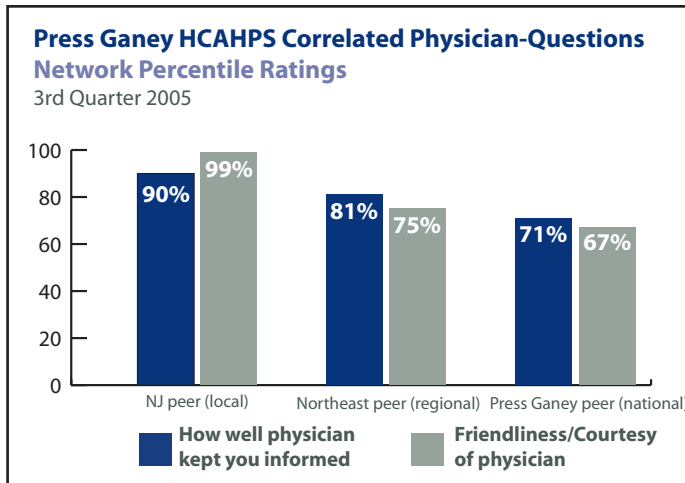
Patients rate perception of physician care

Starting in 2006, the Center for Medicare and Medicaid Services (CMS) will survey patients' perceptions of hospital care and plans to publicly report the results. A 27-item Hospital-Consumer Assessment of Health Providers and Systems (HCAHPS) patient survey, developed in partnership with the Agency for Healthcare Research and Quality (AHRQ) and endorsed by the National Quality Forum (NQF), will ask adult inpatients to rate the frequency of events during their care in the following domains:

- Communication with doctors;
- Communication with nurses
- Responsiveness of hospital staff
- Pain control
- Communication about medicines
- Cleanliness and quiet of physical environment
- Discharge information

Case-mix adjustment will be performed by CMS to compensate for type of service, age, education, self reported health, and language spoken at home. Press Ganey, the patient satisfaction vendor at all Network hospitals, can embed the survey into existing patient satisfaction surveys. In the HCAHPS section entitled, "Your care from doctors" patients will be asked to respond using "never, sometimes, usually, or always" to the following questions:

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



Hospitals will voluntarily submit data to CMS in the spring 2006 as part of a 'dry run' period which enables hospitals to see their own data, test the process and get ready for public reporting. National implementation is expected to begin in late 2007 on CMS's Hospital Compare website (www.hospitalcompare.hhs.gov).

Press Ganey identified 10 patient satisfaction survey questions with high correlation to HCAHPS questions. Network percentile ratings for the two physician questions - "how well physician kept you informed" and "friendliness/courtesy of physician" - appear in the chart (see above). Network performance exceeded each benchmark group's mean score and was rated at or above the 90th percentile when compared to NJ hospital systems for the 3rd quarter 2005. The Network's goal is to achieve a 90th percentile rating in the national benchmark group.

The Network's Patient Satisfaction Committee discusses ways to improve patients' perceptions of caregivers. Strategies include keeping a paper and pen at bedside for questions, having the nurse answer questions or reinforce information, and highlighting key points about physicians, such as years on the medical staff and board certification. Although participation in the HCAHPS survey is voluntary, future ties to CMS's pay for performance initiatives is anticipated.

RWJ Health Network News

- *CentraState Medical Center has become the third Network hospital to receive the prestigious Magnet award from the American Nurses Credentialing Center (ANCC). The Magnet award is considered the "gold standard" for measuring excellence in nursing and patient care.*
- *Raritan Bay Medical Center has received a \$104,000 grant from the NJ Department of Health and Senior Services in recognition of the effectiveness of its stroke team. The funds will be used to bolster continuing professional and community stroke education programs.*
- *RWJ Hamilton recently broke ground for a four-story, 96-room patient tower which will tap on the latest patient-focused research correlating innovative architectural design with improved healing. Completion is scheduled for spring 2007.*
- *The Network is nationally promoting the sale of StepOne, an innovative on-line system developed by the Network and members of the Nurse Coordinating Council that streamlines obtaining, updating and maintaining nursing demographic information required for Magnet applications. Used successfully by several Network hospitals, StepOne was the focus of a recent review article authored by Network nurse leaders in the Journal of Nursing Administration.*

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 health care 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 Director, Clinical Integration lois.doman@rwjuh.edu.