

pcc pulse

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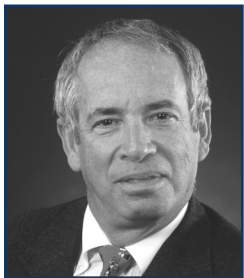
Reducing Medicare LOS: Network Hospitals Take Action

This second article in an ongoing series focuses on successful LOS-lowering tactics, and what they mean to physicians

The Physician Coordinating Council (PCC) commitment to lower Medicare Length of Stay (LOS) at all RWJ Health Network acute care hospitals is generating concrete action plans to support the PCC goal to lower the Network-wide LOS average from 6.4 in 2005 to 6.0 days in 2006. Specifically:

- Hospitals have hired or assigned physician advisors (or are in the process of identifying candidates) to serve as the chief liaison between physicians, the medical staff and the hospital administration on LOS issues;
- Hospitals are exploring and/or implementing programs of daily, integrated multi-disciplinary rounds to promote timely patient discharge;
- Hospitals are providing physicians with Hospital-specific, comparative LOS data on their averages, offering feedback for improvement.

CentraState Medical Center physicians Benjamin Weinstein, M.D., PhD, Senior Vice President, Medical Director; Howard Stein, D.O., Physician Performance Improvement, and hospital consultant Jim Hull of Jim Hull & Associates have been focused on reducing LOS at the hospital since 2003. They agree that a strategy combining dedicated physician advisors, integrated rounds and physician communication and guidance are critical to achieving LOS goals. CentraState's program has shown results, reducing LOS from 6.03



Benjamin Weinstein, M.D.

days in 2003 to 5.09 days so far this year, according to Dr. Stein.

LOS: New Jersey Among Highest in US

Hospitals and health care systems in the northeast lag considerably behind middle and western state counterparts in efficient health care utilization and optimal LOS. With a statewide LOS average of 6.2 days, New Jersey is the third worst performer in the U.S., according to consultant Jim Hull, and, along with other states in the region, will be under increasing pressure by public and private payers to reduce resource consumption and lower LOS.

Data released recently from the Dartmouth Atlas Study of Medicare beneficiaries with severe chronic illnesses over the last two years of life (www.dartmouthatlas.org) cited overuse of acute care resources to treat the chronically ill, with no correlation in improved outcomes. The report indicated that in many cases, patient care

would be better managed, safer and less expensive if delivered outside the acute care hospital setting. Similarly, CentraState determined that more efficient discharge planning and coordination of patient care outside the hospital was essential to improving LOS.

Integrated Rounds: Dealing with Discharge Delays

"There was a lack of communication with the sub-specialist, families and primary care physicians," said Dr. Stein about the source of discharge delays. Integrated rounds help solve the problem, as the entire patient care team – physicians, assistant nurse managers, the unit nurses, ancillary professionals (registered dietitians, physical and respiratory therapists, social workers and case managers) and the physician advisor – discuss the patient's plan of care on day one and get a daily rundown of patient issues and discharge plans. Social workers meet with the family within the first two days of a patient stay, and plans for out-of-hospital care at a facility or at home begin immediately.



Howard Stein, D.O.

Physician Advisors: Collaborating for Change

CentraState's success has been fueled by strong physician collaboration and cooperation. Drs. Stein and Weinstein insist that any plan should be:

- Based on collaboration between the physician advisor, the individual physician, the medical staff, and hospital administration;
- Developed with and supported by the medical staff;
- Managed by a primary care physician, if possible, as he or she typically has a broader understanding of varied health care disciplines.

Physicians are kept informed of their progress with personal communication comparing individual LOS-rates (adjusted for severity) with that of hospital peers. When LOS issues emerge, the physician advisor and physician work together to address them. According to Drs. Weinstein and Stein, the benefits to physicians are measurable: They cite a significant decrease in ED patient holding and diversions and an 800-plus increase in admissions between 2004-2005 with resulting improvements in patient and physician satisfaction.

In Future Issues: The Physician's Role In Resource Utilization

Network Hospitals Boost IHI Safety Goals

The Institute for Healthcare Improvement's (IHI) Saving 100K Lives Campaign reports that in an 18-month period more than 122,000 avoidable deaths have been prevented nationally since it launched its six-point initiative (See IHI Box, below) to implement evidence-based safety practices in December 2004. More than 2,300 avoidable deaths counted during a nine-month data collection period in 2005 were from New Jersey, with the Network hospitals contributing nine percent to that total.

Network member hospitals supported the campaign early in 2005 and the Physician Coordinating Council (PCC) – recognizing that physician support is crucial to implementing IHI practices – established patient safety as a Network goal. Hospitals implementing safety interventions report reductions in infection rates and improved patient outcomes.

Providers, payers and patients will continue their focus on safety: the JCAHO added a new 2007 National Patient Safety Goal to “encourage patients’ active involvement in their own care as a patient safety strategy” and industry expects to see more collaboration on patient safety from national safety and quality organizations.

The PCC will set the Network’s direction within the framework of IHI’s goal to implement all six interventions by 2007 and continue to monitor patient safety data.

IHI Interventions

- **Activate a Rapid Response Team** at the first sign that a patient’s condition is worsening and may lead to a more serious medical emergency.
- **Prevent heart attack deaths** by delivering evidence-based care, including appropriate administration of aspirin and beta blockers.
- **Prevent medication errors** through medication reconciliation to ensure that accurate and continually updated lists of patients’ medications are referenced during their hospital stay, particularly at transition points.
- **Prevent patients with central lines from developing infections** by following five steps, including proper hand washing and cleaning the patient’s skin with chlorhexidine.
- **Prevent surgical patients from developing infections** by following a series of steps, including the timely administration and discontinuation of antibiotics and the use of clippers vs. razors in the OR
- **Prevent ventilator associated pneumonia** by following four steps, including raising the head of the patient’s bed between 30 and 40 degrees.

Network Nurses Present Patient Safety Strategies and Research Findings

In April, a full-day symposium for staff nurses showcased best practices in patient safety and innovative research by Network nurses. *Linking Patient Safety and Research: A Nursing Research and Best Practices Symposium*, sponsored by the Nurse Coordinating Council at the RWJ Hamilton’s Center for Health & Wellness featured research presentations on the impact of music and remote intercessory prayer on length of stay, the benefits of music therapy on reducing patient anxiety and pain scores in the emergency department, and sleep-promoting nocturnal care interactions in the

ICU. Researchers reported that music therapy in the ED decreased patients’ anxiety and pain scores, and recommended implementation of a sleep-promoting protocol in the ICU to cluster patient assessment and care activities while balancing the need for sleep.

To support the development of evidence-based nursing care, the Network’s Internet web site, www.rwjhn.org, now features a link to the Nursing Research Catalogue, with information on nursing research studies at Network hospitals.

RWJ Health Network Updates

- *Horizon Blue Cross and Blue Shield of NJ has named RWJUH New Brunswick’s Designated Regional Perinatal Center as a 2006 Regional Program of Quality; the designation is a quality measure for health care consumers.*
- *CentraState Medical Center is the first hospital in New Jersey to perform computer-assisted, minimally invasive total hip and knee replacement surgery. Manuel T. Banzon, MD, FAAOS, a board-certified orthopedic surgeon who first performed the surgery using Ci Systems by iOrthopaedics, says that the new procedure places CentraState among a small group of hospitals in the U.S. at the forefront of using computer navigation in joint procedures.*
- *Three physicians were recently elected to two-year leadership terms on the RWJ Hamilton medical staff: Mahmoud S. Ghusson, M.D., was named Chief of Staff, Mark Risi, D.O., Vice Chief of Staff, and Ronald Ryder, D.O., Secretary/Treasurer.*
- *Constance Patten, RN, Chief Nursing Officer and Senior Vice President of Patient Services at Raritan Bay Medical Center was lauded for her 22 years of leadership at her June retirement. Dr. Patten received the Governor’s Nursing Merit Award for Nurse Administration from the NJ Department of Health and Senior Services in 2006 and guided RBMC to its Magnet designation.*

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.dorman@rwjuh.edu.

The Robert Wood Johnson Health Network operates a quality physician billing service at competitive rates. Call 732-418-8055 for more information.

Affiliated Physicians Health Plan offers health benefits to physicians, their staff and families. For information call (888) 670-8135 and access option #5.