



## Message from the CMO/Chief of Staff

by Terry Loftus, MD, MBA, FAC & Fredric Klopf, MD, Chief of Staff

### Patients benefit from CORE measures indicators

Focusing on *Every Patient, Every Time* is not only certain to lead to excellence in our Patient Experience but also can provide focused attention on meeting our 2011 Core Measure Strategic initiative goals. The four goals we're focusing on include: Acute Myocardial Infarction (AMI), pneumonia, congestive heart failure and Surgical Care Improvement Project (SCIP). This month, the Core Measure Strategic Initiative we're highlighting is AMI and correlating patient benefits:

#### AMI 1 - Aspirin Upon Arrival

Prevents subsequent AMI in 3.5-4%.

#### AMI 2 - ASA at D/C

Prevents 25% of subsequent vascular events (AMI, stroke).

#### AMI 3 - ACE1/ARB for LVSD

Prevents 20-25% subsequent AMI and stroke.

#### AMI 4 - Smoking Cessation Advice/Counseling

Persistent smokers had a greater relative risk of death (1.76) and AMI (2.08) than non-smokers.

#### AMI 5 - Beta Blocker at D/C

There is a 15% relative reduction in short-term mortality following an AMI.

## In this issue:

- Core Measure focus on AMI
- eICU goes live
- Safe Surgery Process
- Electronic pre-op orders in place
- Report2Web benefits
- Honoring Dr. Lois Heaney
- What's your expertise?
- Online patient registration
- Regional CMOs announced
- New primary care clinic in Peoria
- Outpatient imaging at Lakes
- Sepsis discern alert

## Have a story idea or submission for Boswell.doc?

Please contact newsletter editor [Lisa Guinn](#) or call (623) 876-5704.

### AMI 7A - Fibrinolytic Therapy

There is an 18% reduction in early mortality with fibrinolytic therapy.

### AMI 8A - PCI within 90 minutes

The relative risk for mortality increases 1.08 for each 30-minute delay.

---

## CEO Update

by *Dave Cheney, CEO, MBA, FACHE*

### **eICU goes live at Banner Boswell**

eICU® technology was successfully integrated in March into all 70 Intensive Care Unit beds as part of Banner Health's iCARE intensive care program. The hospital joined nine other Banner facilities in implementing this technology.

iCARE provides an additional layer of support for you and your patients with in-room video cameras, sound and data transmission that closely monitor medical conditions offsite and help ensure the best possible outcome. This program does not replace the expertise that exists at the bedside, but rather enhances the care you deliver to your patients.

The iCARE team of intensivists and critical care nurses remotely monitor ICU patients 24 hours a day, seven days a week. These specially trained staff work from a Clinical Operations Room (COR) located on the Banner Desert Medical Center campus in Mesa and connect with the individual facilities electronically to back up physicians, nurses and other caregivers at the bedside by helping to monitor ICU patient information.

This timely response has been shown to result in shorter hospital stays, fewer patient complications and a 25 percent decrease in mortality rates.

iCARE represents a new level of support for you in delivering excellent patient care and customer service to *Every Patient, Every Time*. If you have any questions about iCARE, feel free to contact me at (623) 876-5356.

## **Safe Surgery Process implemented at Banner Boswell, throughout Banner**

Banner Boswell's Perioperative Services is committed to safe surgical care for *Every Patient, Every Time*, and recently implemented a new policy designed to reduce preventable surgical errors. The new "Safe Surgery Process," being implemented throughout Banner, emphasizes a standardized practice to slow the process and focus the entire surgical team's efforts onto the patient.

Safe Surgery introduces several behavioral tools into the surgical process, including behavioral compliance, extensive use of mistake-proofing (reducing complexity, ambiguity, vagueness and uncertainty), human factors engineering, and cognitive psychology that ensure the correct patient, correct procedure and the correct procedural site/side are identified for all surgical procedures.

Part of the Safe Surgery Process is a new standardized

## What's your expertise?

Banner Boswell offers many opportunities for physicians to build their reputation and brand in the community.

- Ask the Expert columns and videos
- Community speaking engagements
- Expert source for media inquiries
- Commentary on breaking medical news/studies

Please email [Lisa Guinn](#) in Public Relations or call (623) 876-5704 to be put on our experts roster.

---

## Online registration offered for patients

Banner Health now offers the convenience of online pre-registration. Patients referred to a Banner Health facility for an appointment, test, screening or procedure, can conveniently pre-register using our secure, online pre-registration system at [www.BannerHealth.com](http://www.BannerHealth.com), keyword "pre-registration."

Online pre-registration forms must be submitted at least 48 hours prior to their scheduled visit. Patients not choosing this option will receive a call from our staff before their appointments to initiate the process.

If you or your patients have a question about online pre-registration, please contact our Patient Registration department at (602) 865-5633.

---

## Regional CMOs announced

Banner Health announced the promotion of three physicians to the new position of regional medical officer. Charlie Agee, MD; Marjorie Bessel, MD; and

surgical count process. Surgical counts are performed to account for supplies/items and to prevent injury to a patient as a result of a retained sponge, syringe, or instrument. Because this is the standard of practice, the Safe Surgery Process will be consistent for every surgical procedure in all 23 Banner acute care hospitals when the rollout is completed in early 2012.

“Safe Surgery asks everyone involved in the patient’s surgical care to take the extra time – calling a ‘time out,’ in essence – to make sure that everything is correct and accounted for, before, during and after the procedure,” said Deb Dahl, senior director of Clinical Innovation at Banner Health. “Patients and their family are encouraged to speak freely and ask questions during the entire process.”

The Time Out Process has been simplified from multiple elements to three. Time out is an active process, led by the surgeon. All team members participate in the time out with the surgeon by identifying the patient, the procedure to be performed and the site/side of the procedure.

Banner is modeling a process led by Kathleen Harder, PhD, that has driven the retained foreign objects count to zero and sustained zero for four years at the University of Minnesota Medical Center, Fairview, and Christiana Care Health System of Delaware.

---

## Electronic order entry of pre-op orders now in place

*by Julia Scott, Director, Perioperative Services & Suzi Christiani, RN Senior Manager, SDS/PACU/PAC*

On April 5, Banner Boswell implemented the next step of CPOE with the electronic order entry of pre-op (day of surgery) orders. This replaced the written paper order process. It is imperative that surgeons have access to Clinical Connectivity, which is a website that enables them to have remote access from a preferred location to some of the Banner clinical applications, including Cerner Millennium Power Chart.

Surgeons must enter the pre-operative orders electronically. Clinical connectivity will also allow access of other significant EMR data, including PACS/Synapse, ChartMaxx and Facesheets. If the surgeon does not have access to Clinical Connectivity, please contact our Clinical Informatics Coordinators, Michael Ashby or Aida Muminovic, immediately at (480) 294-8056, and they will assist you with this process.

When you book your surgical case at Banner Boswell, you will receive the FIN (Financial Identification Number) on your faxed confirmation. This number must be used to enter orders on the pre-op account. There may be more than one FIN to choose from and you must select the correct FIN for the appropriate encounter. The FIN is specific to one specific admission. Orders and notes placed on the wrong account will not be available. This same FIN should be used to dictate the History and Physical. Each encounter is

Sheldon Stadnyk, MD; were named as regional medical officers for Banner Health’s three regional areas of operation – Arizona West (Dr. Agee), Arizona East (Dr. Bessel) and Western Region (Colorado and community-based hospitals in seven states). In addition to taking on added responsibility, the three will maintain their current roles as facility-based chief medical officers at Banner Del E. Webb Medical Center, Banner Desert Medical Center and North Colorado Medical Center, respectively.

---

## New primary care clinic opens in Northwest Valley

Banner Health has opened Banner North Peoria Primary Care, part of the Banner Medical Group. The center, which opened Dec. 8, is conveniently located at 10204 W. Happy Valley Road, Suite 160, near the intersection of Lake Pleasant Parkway and Happy Valley Road in Peoria.

Banner North Peoria Primary Care offers same-day/next-day appointments and is available to meet the health care needs of the entire family—regardless of age. The practice is headed by Charity Weldt, MD, a primary care physician. Dr. Weldt earned her medical degree from the University of Saint Eustatius School of Medicine in Netherlands-Antilles, and completed her Family Medicine internship and residency at St. Joseph’s Hospital and Medical Center in Phoenix. She specializes in all aspects of family medicine including preventive, chronic and acute care.

Banner North Peoria Primary Care is open Monday through Friday from 8 a.m. to 5 p.m. For more information, please call (623) 327-8800. To learn more about the practice, please visit [North Peoria Primary Care](#).

---

assigned a new FIN. Please place pre-op (day of surgery orders) under the FIN and date for the day of surgery. You may enter pre-op orders (day of surgery orders) up to 90 days pre-op, however, the process is more effective if the orders are entered within one week of the surgery date. The goal is to have all orders entered by noon the day prior to surgery. If surgery is on Monday, please have orders entered by noon the Friday prior. In summary, surgeons are required to enter all pre-op (day of surgery) orders electronically.

Examples of pre-op orders include, but are not limited to: Thromboembolic Disease (TED) hose, Sequential Compression Devices (SCDs), Pre-op Antibiotics, Consent orders, etc. For all Pre-Admission Clinic (PAT) orders, you will be provided a separate order form and will continue to write orders on the order form as you have done in the past. The order form for the Pre-Admission Clinic should continue to be faxed to (623) 876-5588. Pre-Admission Clinic orders include, but are not limited to: Pre-op blood work, Chest X-rays, EKGs, etc. Contact Susie Lane at (623) 876-4944 for questions or concerns.

Our anesthesia providers will order Peridex 15mls oral swish and spit, Arterial lines, IV insertions and solutions.

Working together, we will have a successful implementation of electronic order entry for all surgical patients at Banner Boswell Medical Center. We look forward to this exciting implementation of electronic pre-op order entry. Thank you for your attention to this important information. We will continue to provide you with detailed information, education and updates as we progress toward full implementation of pre-op electronic order entry.

---

## Report2Web: What can it do for you?

*By Linda Kinderknecht, HIMS, Systems Coordinator, Banner Health*

Report2Web (R2W) is a clinical document distribution/notification system developed to close an identified gap in patient care by notifying PCPs that one of their patients came through one of Banner's hospitals.

- The doctor/clinic is contacted regarding the alert. We contact both Banner and non-Banner clinics regarding the availability of the email alert. IT IS FREE and set up by subscription method.
- The notification/alert is done via a daily email. This email notifies the PCP of an ED visit, Admit, including Outpatient OBG which come through Registration. Alerts for H & P's and Discharge Summaries are now coming through also. Our IT Department is working on directing more of these alerts to automatically flow. If a doctor does not want to receive all the alerts a visit would generate, they can email me and I can stop different reports from flowing other than what they would be required by law to receive (i.e. labs).
- If a clinic is on NextGen and they already get this information via the HIN, we do not duplicate what they are already receiving through this portal.
- R2W works very well for Banner clinics that are not yet on NextGen and for all non-Banner clinics.
- The R2W team works with the clinics to determine who will receive the daily email alert, a backup email address if someone is out of office and they come up with the workflow for their unique clinic regarding follow up with

## Outpatient diagnostics located at Lakes

Located just north of Banner Boswell at 10474 W. Thunderbird Blvd. in Suite 100, Banner Lakes Imaging Center offers outpatient imaging services including digital mammography services and DEXA bone densitometry, Ultrasound, MRI, PET/CT, CT and Diagnostic X-ray. Walk-in services are available for most imaging procedures when advanced preparation is not required.

Your patients have easy accessibility to parking and an expedited admitting process. **PLEASE NOTE:** Interventional breast services, including stereotactic biopsies and ultrasound biopsies of the breast, are located at the main hospital in conjunction with Medical Imaging.

To schedule an outpatient imaging service, call (480) 684-7500. For more information on Women's Diagnostic Services at Banner Boswell, please call (623) 815-2962 or visit [www.BannerHealth.com/Boswell](http://www.BannerHealth.com/Boswell) and click on "Programs & Services."

---

## Sepsis discern alert goes live in Cerner

*by Dan Lingle, RN, Marsha Grobman, RN, and Hites T. Patel, MD, Banner Boswell Sepsis Leads*

To Emergency Department, Inpatient Physicians and MidLevel Providers: We have identified significant opportunities in our sepsis management group and determined that a large number of sepsis alerts are being handled inappropriately or not handled at all. The end result is that we have an unreliable denominator and we continue to fail bundle compliance at an unacceptable rate.

In order to improve Sepsis Bundle Compliance and have a more accurate denominator of patients truly having severe sepsis, changes were made in mid-April to fire a discern

patient care.

- The alert is simple with basic information: ED visit, patient name and DOB, facility and time stamp when information came over from Registration. The clinic then goes to Cerner Clinical Connectivity for a more complete picture of the visit and can then copy and paste to their own medical record system.
- Clinical Connectivity is essential for Cerner access. I can assist with connecting clinics to receive help if there are problems.
- The alerts to non-Banner facilities come encrypted and an initial set-up through Cisco must be done. This process is a one-time set up that takes about 4 minutes; after that they simply enter the password they set up with Cisco, open the encrypted alert and then proceed to Clinical Connectivity for what they need.

The beauty of R2W is in its simplicity. The emails can be set up a multitude of ways. We are working on customizing the alerts per a doctor's request (for example, only signed dictations compared to unsigned). Our goal is for R2W to be helpful and to follow-up (after the physician office subscribes) by helping to turn autofaxing off as we turn on R2W. Report2Web will be the alert delivery system as we move toward paperless in all of Banner. After a Banner clinic goes live on NextGen, we will stop R2W alerts for that clinic as we do not want to duplicate services.

If you or someone you know might be interested in learning more about R2W, please call me at (970) 336-4355 or email [Linda.Kinderknecht@bannerhealth.com](mailto:Linda.Kinderknecht@bannerhealth.com)

---

## Banner Boswell honors Lois Heaney, MD



It is with great sadness that we share news of the passing of Lois Heaney, MD, on May 2, 2011. Dr. Heaney was a member of the Boswell Medical Staff from 2001 to 2008 as well as valued member of the Banner Arizona Medical Clinic. Services were held in her hometown of Fergus Falls, Minn.

alert in Cerner for providers. The provider alert works as follows:

1. If a patient has an active problem of sepsis and one hour has passed since that designation, then when any physician/provider signs any order or order set on that patient, an alert will fire to the physician/provider. The physician is given two choices: either order the necessary blood cultures, antibiotics and lactate, or confirm that the patient is not septic and remove them from the denominator.

2. If the provider does not choose and just clicks ok, the alert goes away until the next order is signed by any physician/provider and the process repeats.

3. The alert will stop firing once all three elements are met (blood cultures, antibiotics, lactate) or the patient is removed from the database denominator. Clicking the box will automatically remove the active sepsis problem from the denominator. \*Remember that antibiotics must be given within 3 hours of ED Greet Time or 1 hour of inpatient Discern Alert firing.

4. The alert will also stop firing 6 hours after T0 (when it is too late to have an impact).