



August 2011

Message from the CMO

Bowel Surgery Strategic Initiative: Review Article

by **Terry Loftus, MD, MBA, FAC**

In 2010, Banner Health system's Surgery Clinical Consensus Group (SCCG) identified an opportunity to improve the care of patients undergoing major bowel surgery. A team, sponsored by Care Management, was formed to explore the care of these patients.

Its mission is to:

- Create a more consistent approach to the care of major bowel surgery patients throughout the Banner Health system.
- Provide a defined set of evidence-based measures to be implemented through a Care Pathway designed to expedite recovery and reduce complications.
- Outline a comprehensive plan of care that involves physicians, nurses and the patient.

The patient group this initiative primarily affects includes:

- Adult patients undergoing elective small or large bowel operations. Patients who undergo urgent or emergent bowel operations or those admitted through the Emergency department will not be included.

The interventions this initiative will use with each patient are:

- A comprehensive clinical pathway that summarizes care day-by-day
- Standardized pre-operative teaching
- Early, frequent and progressively increasing activity
- Early assessment and intervention by physical therapy as needed for activity
- Early removal of NG tube, if present, and early feeding with a progressively advancing diet

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- Administration of alvimopan (Entereg) when indicated
- Conversion from intravenous analgesics to oral analgesics as early as feasible
- Early intervention by Case Management to assure a timely discharge process

One of the best ways to participate in the initiative is to use the recently updated *Colorectal - Postoperative Small and Large Bowel Procedure Order Set* available in Cerner.

The initiative targets are two representative process measures that are key drivers of the Care Pathway. They are:

- A measure of patient activity for “early ambulation” defined as ambulating a minimum of three times a day on post-operative day 1.
- A measure of alimentation for “early feeding” defined as a minimum oral intake of 200cc of liquids on post-operative day 1.

The final outcomes expected by the Bowel Surgery Strategic Initiative Team are to reduce the variation in surgical practices and utilization as well as to improve care of the major bowel surgery patient through an efficient standardized care pathway resulting in lower length of stay, lower rate of complications and fewer surgery-related readmissions. The Bowel Surgery Strategic Initiative Team encourages questions and feedback in order to continually improve the GI Care Pathway and our patient’s care. Please contact facility team lead [Diane Jennings](#) or myself, [Terry Loftus](#), with any feedback.

'Green sheet' aims to enhance communication with patients

by Wendy Boor, Service Excellence director



Starting this month, we will improve the communication we provide to our patients and families using a new "Questions for My Care Team" sheet. This sheet encourages patients and families to write down questions for physicians, nursing staff and ancillary staff, and provides an opportunity for the care team to answer these important questions.

The “Questions for My Care Team” sheet is printed on bright green paper so it’s easy to find. Once the patient and/or family members write down questions, staff will ensure the sheet is placed

backwards on the patient’s whiteboard for privacy, using a green question mark magnet.

What we need from our physician partners

- During patient rounding, look for the green sheet hanging on the white board.
- Answer questions as able and check the boxes to indicate which questions have been addressed.

For more information, please look for the *Every Patient, Every Question, Every Time* poster and TV monitor messages in the physician lounge. Thank you for your continued commitment to excellent patient care!

Welcome new providers

The VOICE Survey: Aug. 17-31

As a physician at Banner, you have the opportunity to influence changes and help shape the future of our organization through participation in the new VOICE Survey. Your answers to questions can help identify the changes necessary to make Banner an even better place to work, practice medicine and receive care.

- Employees, practicing employed physicians, and selected community physicians (those who predominately utilize a Banner Health hospital) will receive a survey invitation and survey passcode over a two-day period beginning Aug. 17.

- Employed, practicing physicians will receive questions related to engagement, safety, compliance and organizational effectiveness.
- Selected community physicians will receive questions only related to patient safety.

- The confidential survey will be conducted [online](#) from Aug. 17 - 31.

- You will need your confidential survey passcode included in your invitation to complete the survey. *Lost your survey passcode?*

Employed, practicing physicians contact: (866) 496-1479

Community physicians contact: (312) 863-6132

- The survey takes approximately 15 - 20 minutes to complete.

Introduction to ARRA

What is ARRA?

The HITECH portion of the American Recovery & Reinvestment Act of 2009 (ARRA) calls for incentive payments to hospitals and eligible professionals (EPs) who meet requirements for the "meaningful use" of "certified electronic health record (EHR) technology." ARRA is not about technology – it's about improving outcomes through the application and use of technology. Health outcomes priorities include:

- Improving quality, safety, efficiency, and reducing health disparities
- Improving care coordination
- Engaging patients and families in their health care
- Ensuring adequate privacy and security protections for personal health information
- Improving population and public health

What is Meaningful Use?

ARRA identifies three main components of Meaningful Use:

1. The use of an EHR in a meaningful manner, such as e-prescribing.
2. The use of EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures.

Simply put, "meaningful use" means health care providers need to show they're using EHR technology in ways that can be measured significantly in quality and in quantity. Hospitals and physicians must meet these requirements within a specified time frame and the requirements will become more stringent over time.

Why is ARRA important to Banner?

Banner Health stands to gain substantial incentive payments by meeting the criteria. In the later stages, if meaningful use standards are not met, the Federal government will be invoking financial penalties.

What objectives and measures are involved?

A total of 24 objectives must be met by hospitals and 25 objectives must be met by Eligible Professionals. In addition, 15 Clinical Quality Measures are required for hospitals involving Stroke, VTE, and ED Throughput. Eligible professionals require 6 clinical quality measures involving prevention and health maintenance.

What projects are underway to meet meaningful use requirements?

- Upgrades to certified versions of Cerner, Peribirth, and NextGen
- Implementing Cerner Lighthouse for hospital clinical quality measures
- Implementing and standardizing new workflows for both hospitals and eligible providers
- Registering hospitals and eligible professionals with CMS

How are we monitoring progress?

Scorecards will be maintained to track Banner's performances for the objectives and clinical quality measures. The Measure and Adjust teams will review and monitor performance and address

PA prescription orders reminder

Physician Assistants: In order to assure that your prescription orders are in compliance, please make sure they include your supervising physician's name, address and phone number.

Pharmacies are requiring the supervising physician name on ALL physician assistant prescriptions as part of the Arizona Medical Board Rules for PA's statute #32-2532B: All prescription orders issued by a physician assistant shall contain the name, address and telephone number of the supervising physician. A physician assistant shall issue prescription orders for controlled substances under the physician assistant's own drug enforcement administration registration number.

Per the Arizona Board of Pharmacy, this statute applies to ALL prescriptions – noncontrolled and controlled drugs. Read more from the [Arizona State Legislature](#).

Banner Boswell's Antibigram available on Pharmacy page



You can find Banner Boswell's Antibigram on the Pharmacy department's page on the employee website. From any hospital computer, go to the

deficiencies.

Banner also has a 2011 Strategic Initiative for achieving meaningful use and submitting for incentive payments. The initiative includes submitting for 14 hospitals and 123 eligible professionals in 2011.

What are the key dates?

The 90-day reporting period for eligible professionals (EP) is Sept. 1 - Nov. 29. Submission is planned for December 2011. The 90-day reporting period for hospitals for Stage 1 is Oct. 1 - Dec. 29. Submission is planned for January 2012. This means we have to have all software, education and workflows in place before the 90-day reporting periods start.

Who do I contact for more information?

Program Manager: [Kirsten Drozdowski](#), Sr. Director I/T Planning and Project Management, 602-747-4768; Hospitals Project Management: [Christine McLaughlin](#), 602-747-4448; or Eligible Professionals Project Management: [Bradley Shafer](#), 602-747-4697.

Banner Boswell now offers DaTscan for earlier Parkinson's diagnosis

Banner Boswell Medical Center now offers DaTscan™, the first FDA-approved radiopharmaceutical adjunct imaging agent to help physicians evaluate patients with suspected parkinsonian syndromes such as Parkinson's disease. DaTscan gives physicians adjunctive diagnostic capability that may help lead to timely and appropriate diagnosis and treatment.

The outpatient scan gives doctors visual evidence of abnormal functioning in the area of the brain that controls movement and other muscle functions. This helps physicians confirm a positive diagnosis of Parkinson's disease and rule out other conditions that mimic it, such as essential tremor. While the symptoms are similar, treatment and management greatly differ.

"The misdiagnosis rate can be as high as 30 percent in early Parkinson's disease. DaTscan significantly improves diagnostic accuracy, and in fact has been proven to be better than the clinician in diagnosing Parkinson's disease," said **Holly Shill**, MD, neurologist and movement disorders specialist on staff at Banner Boswell.

Movement disorders primarily are diagnosed through clinical examinations. Clinical exams alone, particularly early in the disease, are often inconclusive and can result in misdiagnosis. An accurate diagnosis for patients with neurodegenerative movement disorders, such as Parkinson's disease, can take up to six years.

"We know that most people have lost about 70 percent of the function in their dopamine nerve terminals by the time they're diagnosed with Parkinson's disease," Dr. Shill noted. "With DaTscan, we can begin treatment earlier and avoid misdiagnosis, especially in patients with an earlier onset when symptoms are mild."

Dr. Shill also serves as director of the Thomas H. Christopher Center for Parkinson's Research at [Banner Sun Health Research](#)

Boswell links area in the left navigation column, click on "Departments" then click "Pharmacy." The link to the current Antibioqram is on the top of the page.

Banner Boswell physician published in national journal

Congratulations to **Juan Morales, MD**, eICU intensivist, for being published in the April 2011 issue of the *Southern Medical Journal*. He co-authored the article [Diffuse Alveolar Hemorrhage](#) with **Brandi R. Newsome, MD**.

Have you recently been published or have other great clinical news to share? Please email newsletter editor [Lisa Guinn](#) in Public Relations or call (623) 876-5704.

Welcome new providers

Manish Sahni, MD,
Internal Medicine
Rafael Urcis, MD,
Internal Medicine

Medicine Department:
Niranjan Banda, MD,
Internal Medicine
Karen Scavetta, MD,
Internal Medicine
Kevin Tench, MD,
Emergency Medicine

Surgery Department:
Mark O'Malley, DO,
Surgical Assist
Lisa Sethi, MD,
Anesthesiology

Allied Health:
Shirley Hanson, LMSW
James Peyton, Nurse
Anesthetist
Kimberly Tarallo, Acute

[Institute](#) in Sun City, and has been using DaTscan at Banner Boswell for more than a year as part of the national Parkinson's Progression Markers Initiative (PPMI). The research institute is the only site in Arizona to participate in this five-year observational study funded by the Michael J. Fox Foundation to pinpoint biological clues about the progression of the disease. Qualified candidates interested in participating in the PPMI study receive a free DaTscan to determine eligibility.

While DaTscan doesn't distinguish between types or stages of Parkinson's disease, having a timely and correct diagnosis can help patients and their families begin a more realistic plan of treatment and it helps overcome fears and frustrations so they can move on with their lives.

DaTscan is FDA-approved and covered by most insurance providers, including Medicare. For more information on referring your patient for DaTscan at Banner Boswell, please call **Tim O'Dell**, senior manager, Medical Imaging, at (623) 876-5651 or Nuclear Medicine at (623) 876-5731.

To find out more about the PPMI study at Banner Sun Health Research Institute, please call (623) 875-6521.

connect with us



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