



July 2011

## Message from the CMO/Chief of Staff *New Core Measures added to Banner scorecard*

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

As we begin the second half of 2011, there are several new Strategic Initiative goals being added to the Banner scorecard. These additional measures are related to the work medical staff are doing to improve the patient experience and the clinical outcomes of our patients to ensure that we provide extraordinary care to *Every Patient, Every Time*. The additional measures are being added to the Customer (C) and Operations (O) section of the scorecard and include the following:

### C1.1.4 – Percent 'Always' answered on "Area Around Patient's Room Quiet at Night"

Measure Intent: As measured by feedback on our patient experience survey, this HCAHPS survey data provides the means to identify areas for improvement as well as a metric to track improved patient experience measures over time.

This measure will be on the Banner scorecard in 4th quarter. However, it will be part of the patient experience measurements being collected under the Centers for Medicare & Medicaid Services' value-based purchasing program, the performance period of which started July 1. More information from Banner Boswell's "Quiet at Night" committee will be shared in a future issue of Boswell.doc. Your support is needed when rounding on the units during the quiet times that have been identified by the facility Starfish team. Quiet hours are from 2 to 4 p.m. and 9 p.m. to 6 a.m.

O1.1.6 – Decrease readmission rates (AMI, PN, HF)  
Measure Intent: The Banner Health system initiative team for this measure has identified six key practices to improve the readmission rate, only one of which is new. We are asking for physician support with these practices.

## In this issue:

- New Core Measures
- Communication with Patients
- New dictation system
- VOICE survey
- Department meetings change
- Savings through group purchasing
- New Patient Relations contact
- New Case Management director
- The physician's role in emergencies
- Legislative update

Wilson steps into Patient Relations role  
Banner Boswell welcomes [Tim Wilson](#) to the role of Patient Relations Program Coordinator. Tim can be reached at (623) 876-6657.

1. Principal Care Provider is notified of patient's admission and discharge.
2. Offer disease-specific patient education.
3. Complete medication reconciliation at every transition point.
4. Support the initiative by letting patients know that they will receive a follow-up phone call from the hospital within 48 hours of their discharge.
5. Ensure that you order post-acute care resources when appropriate.
6. NEW Help staff coordinate a follow-up appointment with the patient's principal care provider within 7 days of discharge.

#### O1.3.2 – Reduce variation in ED CT Scan for Atraumatic Headache practices and resource utilization

This measure calculates the percentage of Emergency Department (ED) visits for headache with a coincident brain computed tomography (CT) study for all adult patients.

Measure Intent: Recent new media and scientific data have surfaced that indicate patients are receiving excessive radiation from clinical testing, particularly related to overutilization of CTs. Banner is focusing on the use of CTs in the emergency department as a starting point to address these concerns.

#### O1.3.3 – Reduce variation in bowel surgery care practices and resource utilization

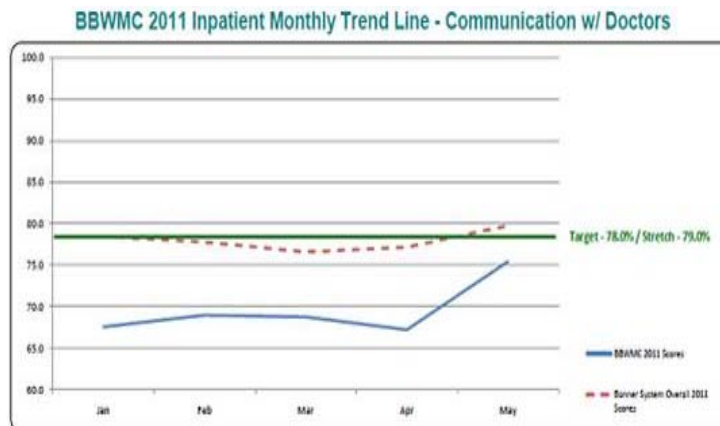
Measure Intent:

- Reduce variation in care practices for bowel surgery patients.
- Expedite patient recovery, improve length of stay and reduce complication rates.

## Physician Communication with Patients: How Are We Doing?

Banner Boswell surveys a sample of all patients to measure how well we've done in meeting their expectations, including their communication with doctors. Hospitals throughout the nation use the same three questions below on their surveys to ask patients about their communication with doctors while in the hospital.

Patients can answer in the following four ways: Never, Sometimes, Usually or Always. How do our patients rate their communication with physicians?



Watch for more information on how to enhance the experience of your patients and their families as well as monthly updates to our

Prentice fills Case Management director position  
Banner Boswell welcomes [Randy Prentice](#), MSN, CPHQ, CCM, CPHRM, as the new director of Case Management. She can be reached (623) 876-5533.

## Physicians' roles in emergencies

The role of Banner Health's Emergency Management program is to prevent/mitigate, prepare for, respond to, and recover from scheduled and unscheduled events which could adversely affect our staff, facilities or our ability to provide patient care. Banner Boswell and Banner Health work with other outside agencies to prepare for emergencies through preparation work and exercises using the Hospital Incident Command System (HICS). The role of physicians in any emergency situation is primarily to provide medical assessment and treatment, though there may be other duties requested through the Hospital Command Center (HCC).

Here are some other things to keep in mind during a disaster:

- The HCC is located in the Palo Verde Conference Room in Administration.
- During an emergency, physicians will be contacted by the Medical Staff office.
- Physicians should notify the Medical Staff office of availability to

communication with doctors progress in the Physician's Lounge and in future issues of *Boswell.doc*.

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## New dictation system to go live Aug. 30

Banner Health is happy to announce our move toward a system dictation/transcription solution. We are partnering with Nuance on their eScription platform. Nuance eScription is the leader in computer-aided medical transcription, has been voted best in KLAS five years running and ranks #1 in transcription and back-end speech recognition. Expected benefits from this new technology include:

- Improved report turnaround
- Reduced costs
- Standardization of work types, prompts and formats across all Banner facilities
- Increased transcriptionist productivity

Changes for the dictators include:

- A new dictation dial-in number
- Dictator ID will be MS4 number (not license #)
- Patient account number (not MRN) will be used as unique patient identifier
- New work type numbers
- HIMS will be contacted if a dictation must be prioritized as STAT

Moving to a single transcription vendor allows standardization and provides consistent processes across all Banner facilities, with opportunities to increase efficiencies and reduce errors. Leveraging the size of Banner Health will result in transcription cost savings, while providing the highest level of quality and turnaround time. While we realize this will be a significant change for our medical staff, the future benefits will outweigh a short-term change process. This will allow physicians to move between facilities effortlessly.

Banner Boswell, Boswell Rehab, and Banner Del E. Webb will go live with the new dictation system on 8/30/2011. However, we are accepting early adopters to start utilizing the system on 8/8/2011. Being an early adopter allows you to start learning the system early and enables the voice recognition technology to start recognizing your voice, which in turn, will decrease turnaround times for transcription of reports. If you are interested in becoming an early adopter at Boswell or Boswell Rehab Center, please contact Tammy Adams at (623) 876-5649.

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## VOICE survey runs Aug. 17-31

The VOICE survey is a systemwide survey that gives all employees, employed, practicing physicians and other select non-employed physicians the opportunity to anonymously share thoughts about Banner Health as a place to work, practice medicine and receive care.

In 2010, the VOICE survey combined four surveys into one. Feedback provided by employees, leaders and physicians regarding last year's survey resulted in a change for 2011. The upcoming 2011 VOICE survey will consolidate two additional surveys – the Voice of the Physician survey and the patient safety survey (AHRQ). Hearing your feedback, leadership agreed to simplify the survey and reduce

provide assistance during an emergency.

- Physicians who are able to provide assistance during an emergency should report to the Labor Pool, located on the first floor of the hospital in the Ironwood Conference Rooms (near Rehab Services).

For more information on becoming involved in Banner Boswell's Emergency Management program, please contact [Tina Ladowski](#), AEM, CHEP, Emergency Management coordinator, at (623) 872-4763.

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## Legislative Update

By [Jason Bezozo](#), Government Relations, Senior Program Director, Banner Health

CMS issues final rule on Medicare hospital value-based purchasing program. The Centers for Medicare & Medicaid Services released the final rule for the Medicare hospital value-based purchasing program. Under the Affordable Care Act, CMS is required to establish a Medicare hospital VBP program that begins in fiscal year 2013 and links a portion of a hospital's Medicare payment to its performance on certain quality measures. During year one of the program, 1 percent of hospitals' Medicare inpatient prospective payment system payments is at risk. Hospitals will be rated on 12 clinical process measures as well as the Hospital Consumer Assessment of

the number of questions, particularly as we merge the patient safety survey into the VOICE survey.

Despite adding additional surveys to the VOICE survey this year, the number of questions will remain the same, or be less, than last year. The addition of the AHRQ Patient Safety will add 26 questions that are designed to gather information from physicians on the culture of safety at Banner Boswell across Banner. These 26 questions will evaluate six of the AHRQ domains of patient safety.

Employees and employed practicing physicians hired before Aug. 7, as well as community physicians who spend 80 percent of their time on a hospital floor, are eligible to participate in the survey. Employees and physicians eligible to take the survey will respond to questions that are pertinent to their role in Banner.

We are encouraging eligible physicians to take the survey, which will be available online Aug. 17-31. Feedback from the VOICE survey is used to shape the organization and make important changes that will assist us in better serving our employees, physicians and patients. Your participation ensures that Banner Health continues to be a leader in the health care industry.

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### Department meetings change

In order to decrease the approval time for matters impacting the Medical Staff, the Medical Executive Committee has modified the meeting structure for the Departments. Department meetings will now occur every other month instead of every 3rd month. For members of the Active Staff you will need to attend one additional Department meeting per year to maintain your Active status. The remainder of meetings for the year are as follows.

Medicine Department Meetings:

August 11, 2011

September 8, 2011

November 17, 2011

Surgery Department Meetings:

August 16, 2011

October 18, 2011

December 20, 2011

The next General Staff Meeting is scheduled for Tuesday, Oct. 4.

Social begins at 5 p.m.; the meeting will begin at 5:30 p.m. in Memorial Hall.

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### Banner Health offers savings through Premier Group Purchasing

Banner Health has teamed with Premier Purchasing Partners to offer volume rates for medical, pharmaceutical and office supplies.

Premier Provider Select:MD, the nation's largest physician group purchasing organization, is offering discount pricing to you as a Banner Health affiliate.

These discounts will apply to medical and office equipment, supplies and other services. For example, you could save as much as 22 percent on cellular services and 40 percent for office equipment.

Participation is easy:

- Complete the application.

Healthcare Providers and Systems survey currently in use by CMS. The withhold amount grows to 2 percent by FY 2017.

CMMI announces Pioneer ACO model  
The Centers for Medicare & Medicaid Services recently released a Request for Applications for the Pioneer Accountable Care Organization Model for health care organizations and providers that are already experienced in coordinating care for patients across care settings. The Pioneer ACO Model will allow these provider groups to move more rapidly from a shared savings payment model to a population-based payment model on a track consistent with, but separate from, the proposed Medicare Shared Savings Program. It is also designed to work in coordination with private payers by aligning provider incentives, which will improve quality and health outcomes for patients across the ACO, and achieve cost savings for Medicare, employers and patients.

The payment models being tested in the first two years of the Pioneer ACO Model are a shared savings payment policy with generally higher levels of shared savings and risk for Pioneer ACOs than levels currently proposed in the Medicare Shared Savings Program. In year three of the program, participating Pioneer ACOs that have shown a

- Use only the suppliers that fit your needs.
- There is no cost.
- No minimum purchase is required.

For more information, contact [Cheryl Poland](#), director of Physician Resources, at (623) 876-5678 or contact the Banner-Premier team: [Barbara Hexem](#) (602) 747-4480 or [Troy Snider](#) (602) 747-1542.

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### Central Monitor Station to open

Banner Boswell will open a new Centralized Monitoring Station on July 26. The monitor room will provide 24/7 coverage for all Progressive Care Units as well as an additional 48 Medical-Surgical Beds that will have Remote Telemetry capabilities. The design of the system is such that each unit will have a slave display monitor, but no printing or ability to pull a full 24-hour disclosure at the unit level. To assist providers who require that information, the Central Monitor Station is available at any time. A provider may either come to the Monitor Station on the 5th floor and view disclosures or may call the Monitor Tech assigned to that unit and request that a full disclosure for a specific patient be displayed, which can then be viewed on the unit-based monitor screen.

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### 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.

specified level of savings over the first two years will be eligible to move a substantial portion of their payments to a population-based model, such as a per-beneficiary-per-month payment based on projections.

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

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

connect with us



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