

Our nonprofit mission: We exist to make a difference in people's lives through excellent patient care.



Banner Health®

Banner Health Works to Strengthen Emergency Preparedness

Banner Health is involved in a systemwide effort to increase our disaster preparedness and we want to help our physician partners ready themselves for any major emergency or disaster.

“As a nonprofit health care provider, Banner Health is committed to preparing for and responding to disasters and emergencies in our communities,” said Janne Taubman, system director, Emergency Services and Disaster Management.

Taubman leads the Banner System Physician Participation in Disaster Preparedness group that meets on the second Monday of every month from 6:30 - 7:30 p.m. Arizona time. Please call 602-747-7532 if you would like to participate.

Banner Emergency Services and Disaster Management has established a disaster preparedness intranet site and Family Preparedness Guides, which have been distributed to Banner

employees and will be available online at www.bannerhealth.com.

Material on the intranet site can also be reached at www.bannerhealth.com keyword: physician emergencies.

- **Disaster Preparedness and Awareness Guide:** The Arizona Medical Association (ArMA) link connects you to their comprehensive disaster manual that ANY physician in any state can read or download. If

your office is not in Arizona, you can find your state's emergency phone numbers highlighted in the Family Preparedness Guide Section. http://www.azmedasn.org/publications/ArMA_PhysicianDisasterGuide_2008.pdf

- **AMA article:** “Preparing for disaster: How would your practice cope?” This helpful article answers questions like: How would expenses *continued on back*



Western Region Round-up

By Jim Ferando,
President Western Region

The new year brings some leadership changes and projects that will enable us to continue to provide the highest-quality patient care:

- **New CEO in Torrington, Wyo.:** Brenda Sturm is the new CEO for Community Hospital. Since joining the hospital as chief nursing officer in November, she has demonstrated exceptional leadership skills and operational expertise.

She replaced Dick Smith, who served as interim CEO

for the past several months following CEO Mike Walsh's sudden death. Dick has been invaluable to the Western Region, having also served as interim CEO at Banner Lassen Medical Center in Susanville, Calif.

- **CEO transition in Fallon, Nev.:** Rex Walk, who had served as CEO of Banner Churchill Community Hospital since April 2008, has resigned to be closer to his family. He will remain with us as a rural healthcare

consultant; a search for a new CEO is underway.

- **New CMO in Greeley, Colo.:** Sheldon Stadnyk, MD, has accepted the position of chief medical officer at North Colorado Medical Center. He will begin in March after serving as vice president for Medical Affairs at Exempla Saint Joseph Hospital in Denver. He led the institution in three successful ACGME reviews for GME programs for five years with “commendation” (no citations).

- **Care Transformation in the Western Region:** North Colorado Medical Center successfully finished its comprehensive Cerner go-live – bringing up seven

applications at once – in early February. Almost 100 SuperUsers throughout Banner Health offered support to NCMC staff during the two-week implementation. Applications brought up during NCMC's implementation were Power Orders, PathNet, PharmNet, SurgiNet, Clin Doc, iNet and PPID.

Later this year, Washakie Medical Center in Worland, Wyo., and McKee Medical Center in Loveland, Colo., will continue the Care Transformation journey by being the first two Western Region facilities to implement Computerized Physician Order Entry (CPOE).

~ Clinical Performance ~






Measuring the Quality of Patient Care at Banner Health




We regularly publish a system scorecard showing the most up-to-date information regarding our performance in our patient-safety and appropriate-care measure initiatives.

For appropriate-care measures, we look at Acute Myocardial Infarction (AMI), Pneumonia (PN), Heart Failure (HF), SCIP (Surgical Improvement Project), and Blood Glucose. Patient Safety will be measured on four dimensions: outcome (Patient Safety Indicators), process (Skin Care), structure (Sentinel Event

Root Cause Analyses) and context (Agency for Healthcare Research and Quality Safety Culture Survey).

For details, please see the Banner Intranet for a document called "2008 Strategic Initiatives Profiles" under the Strategic Initiatives tab. Medical Staff Services can provide you with a printed copy as well.

Core Measure Initiatives			
		December YTD 2008	Target
AMI		97.2%	96.4%
PN		94.6%	92.6%
HF		92.1%	89.7%
SCIP		92.6%	87.9%
Blood Glucose*		65.8%	60.0%

Patient Safety			
		December YTD 2008	Targets
Patient Safety Indicators		997.5/1,000	995.8/1,000
Skin Care		1.00	1.00
Sentinel Event Root Cause Analysis		88.6%	50.0%
Patient Safety Culture*	Annual Measure	65.4%	64.2%

 Exceeds the target  Within 2% of the target  Below the target 2% or more

Emergency continued

be covered? What kind of insurance would be needed and how much? www.ama-assn.org/amednews/2008/12/15/bisa1215.htm

- **ESAR-VHP Frequently Asked Questions:** Answers to why you should register for The Emergency System for Advance Registration of Voluntary Healthcare Professionals or ESAR-VHP (ESAR-VHP) and how. It takes less than five minutes to register and may be very valuable in major disasters similar to Katrina or 9/11.
- **Emergency Preparedness Kit for your home or office:** This contains items and tools recommended in the event of an earthquake, pandemic, or displacement emergency. It can be ordered on-line for \$99 including shipping. You do not need to be a Costco member. (Not available in Alaska) <http://www.costco.com/Browse/Product.aspx?ProdId=11289959>

Emergency Preparedness Check List

Pack the following items in a clearly labeled, easy to carry, sealable container and store them in a place that is easy to access. Check your stock pile once or twice a year. Replace any supplies that are missing or have expired or have been damaged.

Emergency Supplies

- Flashlight and batteries
- Manual can opener
- Battery-operated radio or hand-cranked radio
- Matches in waterproof container
- Utility knife
- Paper and pencil
- Cash, traveler's checks and coins
- Signal flare
- Blankets or sleeping bags, a change of clothing, rain gear, and sturdy shoes for each family member
- Three gallons of water per person
- Seven-day supply of ready-to-eat canned or packaged food
- Toiletries (10-day supply of prescription medications, hand sanitizer)

- Cell phone batteries and/or phone charger
- Whistle
- Plastic utensils, paper cups, plates, and paper towels
- Garbage bags
- Needles and thread
- Plastic sheeting
- Duct tape
- Extra set of keys and IDs
- Local map
- First aid and emergency medical kit

Stocking an Emergency Medical Bag:

- Stethoscope/ Blood Pressure Cuff
- Otoscope/ ophthalmoscope and specula (w/ spare bulbs), flashlight
- Tongue blades, 4X4 gauze, ACE wrap, Kerlex

- Suture Kit/ Xylocaine
- Betadine, soap, alcohol wipes
- Gloves
- Reference book
- Thermometer
- Syringes, needles, sharps container
- Tourniquets
- Low-cost face masks

Important Documents

- Photocopies of DEA license, controlled substance license, current CV, board certification and any other credentialing documentation, employee information, financial documents stored in a separate location
- Medical license and photo ID may be necessary for establishing credentials