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Your vital source of information for Health First medical quality initiatives

For Medical Staff members at CCH, HRMC, and PBH

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Note: Look for the *Physician eXcellence* Special Supplement: "2009 Hurricane Season Update for Medical Staff members at Health First hospitals" to be published next month (June). The one-page Special Supplement will be distributed in Medical Staff mailboxes and forwarded to all Medical Staff Groupwise emails as well as posted online on the "Physicians-only" Health First website pages.

Physician e-Xcellence is published by Health First for physicians on the Medical Staffs at Cape Canaveral Hospital (CCH), Holmes Regional Medical Center (HRMC), and Palm Bay Hospital (PBH).

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Quality Leads: Physician/patient communications: Going to the next level

By Rodney Moore, MD, CCH VP Medical Affairs, and Scott Gettings, MD, HRMC VP Medical Affairs



The following are actual comments from patient surveys at HF hospitals:

- "Dr. X exceeded my expectations. He made sure both me and my husband understood everything. He listened well to our concerns and eased our anxieties."

[Read complete article](#)



e-Physician: Sunrise Pharmacy and eMAR: The next steps in building Health First's integrated electronic health record (EHR)

By HF Medical Director of Clinical Informatics David P. Hurwitz, MD

As I noted in my last article, Health First is moving closer every day toward implementation of its integrated electronic health record (EHR)—using Sunrise Clinical Manager (SCM) as its core platform. [Read complete article](#)

Calendar Checkup:

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Quality Leads:

Physician/patient communications: Going to the next level



Rodney Moore, MD, CCH VP Medical Affairs



Scott Gettings, MD, HRMC VP Medical Affairs

The following are actual comments from patient surveys at HF hospitals:

- “Dr. X exceeded my expectations. He made sure both me and my husband understood everything. He listened well to our concerns and eased our anxieties.”
- “My physician was not communicative, especially when my son wanted to speak with him and discuss my treatments and concerns.”

Which comment above best describes how you think your patients would rate your communications with them during their hospital stay? These real patient comments highlight how patients’ perceptions about their physicians influence how they score “communication with doctors” on the Centers for Medicare and Medicaid Services (CMS) well-known Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) patient satisfaction surveys.

It has been just over one year since the start of government-mandated public reporting of HCAHPS scores through the www.hospitalcompare.hhs.gov website. Early results indicate that a majority of physicians practicing at HF hospitals are getting the highest marks for their communication efforts with patients. Of course anything less than 100 percent leaves opportunity for improving.

Three of the survey’s 27 questions center on physician communications, with only the “Top Box” answers of “Always” for each question grouped together and reported as “Percent of patients who reported that their doctors ‘always’

communicated well.” Here are those results for the most recently published HCAHPS data:

July 2007 – June 2008 HCAHPS Survey Results

Physician ‘Always’ Communicated Well:

CCH:.....	74%
HRMC/PBH:	76%
U.S. Average:.....	80%
Florida Average:.....	74%

Let’s look closer at each physician-related question that’s part of the survey plus some strategies for increasing the number of patients who say these practices “always” took place.

HCAHPS QUESTION: “During this hospital stay, how often did doctors treat you with **courtesy and respect?**”

Patients tend to respond negatively to physicians who do not make eye contact, don’t respect their privacy, or use a familiar name without permission. Negative responses can be avoided/counteracted by the following practices that show courtesy and respect:

- Using patient and family members’ desired name and title (Mr., Ms., Mrs.)
- Saying “please” when making requests and responding with “thank you”
- Knocking before entering a room
- Introducing yourself to the patient and family members
- Explaining what you will be doing and why before doing it
- Saying “excuse me” when interrupting a conversation or activity
- Using prominent ID badges with large type that include name and title

HCAHPS QUESTION: “During this hospital stay, how often did doctors **listen carefully to you?**”

Patients respond positively to physicians who encourage disclosure of feelings, elicit and respect concerns, and acknowledge patients’ fears. Patients respond negatively to

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physicians who ignore them or seem uncomfortable with their emotional expressions.

- Patients perceive that physicians are paying attention and listening when they are positioned at eye level and make eye contact. Two minutes sitting at the bedside is perceived to be better than ten minutes standing in the doorway.
- Ask for the patients' perspective on the illness, such as what they think caused the condition, its impact on their daily activities, what they struggle with, and what they're worried about.
- Explicitly ask if there's anything else the patient wishes to discuss during your visit.
- Allow patients to express their concerns fully, without interruption. Physician to patient communication research has found that physicians allow patients to speak for only 17 to 23 seconds on average before being interrupted.

HCAHPS QUESTION: "During this hospital stay, how often did doctors **explain things** in a way you could understand?"

- The physician is usually the one who communicates the most emotionally significant and technically complex information to patients. In these encounters, each person may have different informational needs and expectations.
- End patient encounters with "Do you have any questions? Is there anything else I can do for you right now?"
- Health First is committed to reinforcing the physician's bedside patient instructions with a variety of written, video-based, and in-person educational efforts. Make sure to communicate with each patient's Nursing team about follow-up education.

Without question, excellent communication between physicians and patients plays a crucial role in providing safe, high-quality care. If there are tools that we can provide to enhance that physician/patient relationship, let us know. We want to hear your suggestions and appreciate your efforts.

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e-Physician

What IT can do for YOU, and what YOU can do with IT

Sunrise Pharmacy and eMAR: The next steps in building Health First's integrated electronic health record (EHR)



By HF Medical Director of Clinical Informatics
David P. Hurwitz, MD

As I noted in my last article, Health First is moving closer every day toward implementation of its integrated electronic health record (EHR)—using Sunrise Clinical Manager (SCM) as its core platform. ED Manager, a critical part of this strategy, is being implemented in phases over the next several months in each of our hospital Emergency Departments (EDs). Clinical information will now be seamlessly accessible between the ED, inpatient areas, and physician offices.

The next major building blocks to be added to SCM will be Sunrise Pharmacy and the electronic Medication Administration Record (eMAR), which are expected to go “live” this summer.

There are a number of advantages to having an integrated pharmacy module within SCM, including seamless integration:

- for drug-to-drug interaction checking during electronic order entry
- for drug allergy checking during electronic order entry
- within computerized physician order management (CPOM)

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- within e-prescribing functionality (note: e-prescribing is anticipated to be launched later this year in our EDs)
- within SCM's electronic medication reconciliation module
- into the eMAR
- into the medical logic module (MLM), a form of electronic clinical decision support that is native to SCM and used to create electronic clinical alerts for the end user.

Examples of potential use of MLMs include:

- checking the patient's renal function and potassium level whenever an ACE inhibitor or ARB are ordered, and alerting the user if the patient has hyperkalemia or reaches a certain threshold of renal insufficiency
- checking platelet count trends and alerting the user if a patient being treated with heparin has a platelet count that drops rapidly over time, potentially avoiding harm to the patient from heparin-induced thrombocytopenia

Since CPOM is not going live until early 2010, pharmacists will be initially entering medications into Sunrise Pharmacy. eMAR will be rolled out simultaneously.

Advantages of eMAR implementation:

- Integrated into SCM, permitting seamless access anywhere, anytime within the hospital or remotely by physicians, nurses, and pharmacists
- Legible, complete Medication Administration Record
- Pharmacists will now have seamless access to patient information instead of navigating between multiple systems
- Electronic messaging between pharmacists and nurses will improve communication for medication administration issues

HF Pharmacy Project Manager Marta Hamilton notes:

“From a Pharmacy perspective, the best aspect is integration of patient information. Becoming part of the SCM system will allow Pharmacists seamless access to patient information instead of moving between systems. The number of possible information failure points will be reduced. For example, allergy integration will improve as we begin using the same system as the Emergency Department and Nursing. It is a definite improvement in patient safety when information resides in a central location rather than multiple individual systems. Nursing and Pharmacy will have electronic messaging to improve communication regarding medications.”

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HF Chief Nursing Officer Bonnie Rudolph also notes:

“ It is exciting for Nursing to have eMAR documentation for medications. Electronically signing for medications is safer for patients and all information needed (such as allergies) will be available.... This is just one step further to a fully integrated electronic medical record, with real-time information available for all the caregivers who are caring for the patient. ”

Sunrise Pharmacy and eMAR are essential components of the integrated EHR and are tools that will improve medication ordering, dispensing, as well as medication administration safety and efficiency. For physicians, the days of sifting through the paper chart to locate the Medication Administration Record will be over, replaced by eMAR, which will be available anytime, anywhere in a legible and organized format. Implementation of Sunrise Pharmacy will set the stage for the next major component of the EHR, computerized physician order entry, or CPOM, which is tentatively scheduled for activation in spring 2010.

Task Description	Task Start	Task Stop	Apr 29 07:00	09:00	11:00	13:00	15:00	17:00	19:00	21:00	23:00	01:00
Test, Orders; sulfa drugs												
Medications												
✓ Aspirin EC Oral [Known as ECOTRIN] 81 mg Oral Once	Apr-29-09 17:18	Apr-29-09 17:19						✓ JBE				
➔ Medication Reassessment	Apr-29-09 17:19	Apr-29-09 17:19						□				
✓ Ceftriaxone IV Piggy Back [Ordered as ROCEPHIN IV Piggy Back] 1 gram(s) Intra Venous in Dextrose 50 ml; Rate: 100 ml/hr; Once	Apr-29-09 17:18	Apr-29-09 17:18				✓ JBE						
➔ Medication Reassessment	Apr-29-09 15:20	Apr-29-09 17:18					□					
➔ Infusion Complete	Apr-29-09 15:20	Apr-29-09 17:18					□					
➔ Clopidogrel Oral [Ordered as PLAVIX] 75 mg Oral Once	Apr-29-09 17:18	Apr-29-09 17:18						• □				
➔ Lisinopril Oral 10 mg Oral Once	Apr-29-09 17:18	Apr-29-09 17:18						• □				
✓ Metoprolol XL Oral [Ordered as TOPROL XL] 50 mg Oral Once	Apr-29-09 17:18	Apr-29-09 17:18						✓ JBE				
➔ Medication Reassessment	Apr-29-09 18:20	Apr-29-09 18:20						□				
IV Fluids												
➔ Sodium Chloride 0.9% Infusion 100 ml Intra Venously Rate: 125 ml/hr	Apr-29-09 17:19	Apr-29-10 23:59							• □			

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Do a checkup on your calendar!

Calendar

May 2009

- 22** No CME — Memorial Holiday Weekend
- 29** CME — **Malignant Pleural Effusion**, Richard Wayne Light, MD, Vanderbilt University Medical Center (11:30 am to 1:30 pm, HRMC Auditorium)*

June 2009

- 2** PBH Department of Medicine Staff Meeting (dinner served at 5:30 pm; meeting begins at 6 pm, PBH Community Room)
- 3** CCH Internal Health Fair — showcases Health First Community Health Services (10:30 am to 2 pm, Medical Plaza Conference Room)
- 5** CME — **Multi-tasking GFT results for CKD Detection: Tracking, Treatment, and Patient Self-Management**, Mark Michelman, MD, Morton Plant Hospital, Physician Quality Management Department (11:30 am to 1:30 pm, HRMC Auditorium)*
- 8** PBH Department of Surgical Services Staff Meeting (7 am, PBH Community Room)
- 9** HRMC Internal Health Fair — showcases Health First Community Health Services (10:30 am to 2 pm, Auditorium A)
- 12** CME — **Myocardial Ischemia Redefined: Optimal Care in CAD Update**, Andrew Peter Selwyn, MD, Harvard Medical School (11:30 am to 1:30 pm, HRMC Auditorium)*
- 15** PBH Internal Health Fair — showcases Health First Community Health Services (10:30 am to 2 pm, Community Room)

June 2009 — con't

- 16** CCH General Medical Staff Meeting (6:30 pm, CCH Medical Plaza Conference Center)
- 19** Associate/Volunteer/Medical Staff “Sneak Peek and Tours” of new PBH Expansion (7 to 11 am)
- 20** Community Open House and Tours to celebrate new PBH Expansion Grand Opening—includes special family/children events (10 am to 3 pm)
- 26** CME — **Advancing Treatment Paradigms with Targeted Therapies: Management of Head and Neck Cancer**, Susan Urba, MD, University of Michigan Medical School, Ann Arbor (11:30 am to 1:30 pm, HRMC Auditorium)*
- 30** HRMC General Medical Staff Meeting (5:30 pm followed by department meetings beginning at 6:30 pm, Melbourne Hilton Rialto Place)

* For all CME sessions, lunch is from 11:30 am to 12:30 pm, and the presentation is from 12:30 to 1:30 pm. For information and CME records, call Dee Rogers at 434-1966.

PLEASE NOTE: CMEs and mandatories at the HRMC Auditorium are **video-conferenced** into both the PBH Community Room and Medical Plaza Conference Room B at CCH.

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