HIGHLAND HOSPITAL
Highland Highlights
Employee Newsletter
May 2013

Steve Goldstein, President & CEO

Cindy Becker, VP & COO

Your survey input helps Highland advance

Highland has a lot to look forward to in the weeks ahead:

- A Town Hall meeting on May 29, where we'll talk about Highland's progress over the past five years and how we'll grow key services in the future
- Pride Week on June 10-14, our annual celebration of employee achievements
- And on June 17-30 Highland will have an organization-wide employee engagement survey, the first since 2011.

The last several issues of *Highlights* have included examples of how employee input from the 2011 survey led to many organizational improvements. In fact, as we look back at the past several

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Employee survey

The Employee Engagement Survey is June 17-30. Look for updates on daily prizes for survey takers, and remember that information provided will be used to help Highland improve.

Instruments of change

Audrey McCray uses the new bar-code instrument tracking system in the Sterile Processing Department.

Teamwork, tech investments spur SPD and OR growth

FINANCE

Perioperative Services has undergone significant changes in the past 12 months. Alterations to its physical and organizational structure resulted in an increase in OR cases that exceeds budgeted targets by more than 200 to date this fiscal year.

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Daily huddles among principle members of Periop Services help resolve issues and prepare for the next day's OR caseload.

ED adapts to meet needs of elderly population

QUALITY

Highland demonstrated why it is the leader in geriatric care, creating in late March the first elderly friendly Emergency Department in the region. The hospital's efforts to expand its continuum of care for this patient population includes specially designed rooms and collaborative efforts between ED providers, geriatricians and orthopaedists.

"Our providers and staff have become highly skilled at treating seniors, and they can provide care in a setting that best suits the needs of older patients," says Chief of Emergency Medicine Tim Lum, M.D., who notes that each day 10,000 people in the United States turn 65 years old.

Highland has more academic geriatricians than any hospital in the region to provide

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I CARE Spotlight: EXCELLENCE

I will lead by example, rising above the ordinary through my personal efforts and those of my team.

Representing four of the six specialty areas that make up the Facilities Department are carpenter Don Riley, maintenance specialist John Donovan, electrician Colin McGovern and painter Greg Albert. Members of the Power Plant also contribute to the maintenance of Highland.

The tools of their trades are not closely associated with health care: electrical wires, brushes, wrenches and hammers. But their work helps Highland Hospital staff provide the best possible care in the best possible setting.

They are the Facilities staff – a 23-member group of carpenters, electricians, painters, pipe fitters, refrigeration mechanics and HVAC mechanics – and their efforts to maintain and enhance the hospital have demonstrated excellence at work.

"I have a bunch of talented individuals whose heart is always in helping the hospital," says John Griffiths, Facilities Manager. "They are a group of dedicated employees who accomplish a great deal."

Facilities staff members built the Medical Observation Unit on West 6 and are renovating the Highland Women's Health office in the Professional Office Building. They also renovated the space that became the Grand Grounds Coffee House on Level 2. Several projects are always in motion at once. Many of these projects have tight deadlines and are often completed ahead of the deadlines. The staff's knowledge of the facility helps eliminate waste and save money during projects.

"It takes a lot of communication," says electrician Colin McGovern, who got several nods of agreement from colleagues John Donovan, Greg Albert and Don Riley.

"We talk to each other frequently," says Greg. "We know there is an order in which things have to be done."

"We do our jobs to the best of our ability while accommodating each other," says Don.

And they accommodate the needs of the staff and patients.

Recently a Facilities staff member asked for a change in design plans to make the space more ergonomic for nurses.

On a different project, Don constructed cabinets in the Level 1 shop in order to reduce the amount of noise patients would have to deal with on the unit.

"You always have to think about the patients," says John. "We're here to help make this a great hospital."

Geriatric ED *Continued from front*

care and six newly designed rooms for older patients. These rooms are equipped with rails, large clocks and thicker mattresses that can prevent skin breakdown. Such innovative approaches have drawn local media attention and demonstrate Highland's proactive approach to geriatric care.

Heather

"Things like putting the day and month on the wall help tremendously," says Patient Care Tech Heather Webster. "I have had patients comment on the bigness of the clock, which means they're staying focused."

Protocols implemented in the past year streamline care for patients presenting with common conditions such as pneumonia and hip fractures. Highland's ED nurses also have geriatric-specific training, enabling them to recognize the physical, emotional and psychological needs of older patients.

"Whenever we have a geriatric patient we want to see them immediately," says Kristin Kindel, RN. "We want to control pain or keep them oriented, and our protocols help us accomplish this.

"When the patient feels more comfortable then it makes it easier for us to do our jobs more effectively."

Melissa Hall, RN, helps a patient get oriented in a geriatric-friendly ED room that features large clocks, calendars and handrails.

30 Approximate percentage of Highland's ED patients who are 65 and older.

DEPARTMENT SPOTLIGHT

Teamwork magnified in the Laboratory

"What would a hospital be without a lab?" says Julietta Fiscella, M.D., Chief of Pathology at Highland, who is proud of the Pathology and Laboratory Medicine staff and their pivotal role in the diagnosis and treatment of patients.

The dedicated staff, each member with diverse skills, is responsible for hundreds of tests performed each day on blood samples, other fluid samples and post-surgery specimens. Sections such as Chemistry, Histology, Pathology, Hematology, Blood Bank, Microbiology, Specimen Management and Point of Care collaborate as the Highland Laboratory.

MAKING IT WORK @ WORK

"Every person, every section is important," says Rosemary Ziemba-Ball, MS, MBA, Administrative Director for Clinical and Laboratory Services. "The staff is physically segmented in their own areas, but we share information to keep us all working together toward a common goal."

Eight separate clinical units and a Lab office make up the Lab. Staff includes, clockwise from upper left, Deb Hoops, Woubie Bekele, Mary Johnson, Dr. Sharlin Varghese, Cathy Fronczak, Pam Wisniewski, Michele Scanlon, Ryan Craft, Patty Aloi, Teresa Moreira-Weil, Margaret Morales-Velez, Sue Dailey and Chief of Pathology Dr. Julietta Fiscella (center).

Lab staff members focus on their roles in patient care. "Each tube of blood is a person to us," says Karen Behlau, MT, Chemistry Section Head. "We know we are part of that person receiving the correct diagnosis and the appropriate therapeutic treatment."

"Having a cohesive lab starts with good communication," says Rosemary. Each shift begins with a daily huddle to get everyone up-to-date on what's going on in the Lab as well as the hospital.

"The huddle is a chance for us to find out what's happening in each section," says Jennifer Vanderkamp, lab assistant in Specimen Management.

Ellen Lukash, MT, Blood Bank Section Head, also sends out Huddle Hints to ensure that staff knows about topics. Huddles are as brief as five minutes and larger issues are addressed at all-staff monthly meetings.

1.8 million The number of tests the 70-member staff across all shifts performs per year to ensure accurate diagnosis and treatment for Highland patients.

"Staff members look out for each other," says Rosemary. "They think nothing of coming in at 3 a.m. if they are needed."

Cross training between sections has also created more cohesion in the Lab. Mohamad Kolakji, medical technologist in Hematology, says those who are cross-trained to cover other sections are happy to do so when appropriate.

Adding to the feeling of unity are shared celebrations such as monthly birthday cakes, baby showers, lab jackets, and a pie day each fall. Dr. Fiscella also treated everyone to a special meal during Lab Week, which took place April 21-27. "Celebrations like these help us feel like part of a family," says Patty Aloi, medical technologist in Microbiology.

Staff members are committed to their roles as hospital employees as well. A liaison program with Nursing was developed to foster awareness of what the Lab does within their walls and what Nursing is doing on the units. Lab staff members also participate in hospital-wide activities such as the March For Babies, Tour de Cure for diabetes, Beat the Blahs and the Pink Glove video.

PEOPLE

CATHERINE HUMPHREY, M.D.
Orthopaedics

Dr. Catherine Humphrey, M.D., joined Highland as Chief of the Orthopaedics Program in April, moving her practice to Highland in the process. She is an orthopaedic trauma specialist and an Assistant Professor of Orthopaedics at the UR School of Medicine and Dentistry. Dr. Humphrey earned her medical degree at the Hahnemann School of Medicine. She completed a residency in orthopaedic surgery at Oregon Health and Science University and an orthopaedic trauma fellowship at Vanderbilt University Medical Center.

SCOTT G. HARTMAN, M.D.
Family Medicine

Dr. Scott Hartman joined Highland Family Medicine in April, and he will see patients in addition to teaching residents and delivering babies in the Family Maternity Center. Previously, he was an assistant professor and Interim Maternity Care Coordinator in the Bronx. Dr. Hartman earned his medical degree from Hahnemann School of Medicine in Philadelphia. He is board certified in Family Medicine and HIV Medicine.

HCAHPS – Q4 '12

HCAHPS is focused on providing the best experience for patients and families. HCAHPS patient surveys scores impact our reimbursement. (*Scores are percentages*)

	HH	Nat'l Avg.	Nat'l Bench.
Rate Hospital 9 or 10	75	66	83
Comm. with Nurses	82	75	85
Response of Staff	63	62	78
Comm. with Drs.	83	79	89
Hospital Environment	65	63	78
Pain Management	72	69	78
Discharge Information	90	82	89
Comm. on Meds	67	59	70

Note: Percentages based on people who answered 'Always'

Periop *Continued from front*

These same changes, which involved input from OR, Sterile Processing, Materials Processing, Anesthesiology and several surgical specialties, also led to greater efficiencies in these departments as well as to improved patient and staff satisfaction.

Here are just a few examples of how Periop achieved this success:

- Three kaizens ushered in new strategies to reduce patient wait times that involved cross-training staff in Pre-Surgical Screening and streamlining registration process.
- Environmental Services helped decrease room turnover times by 15 minutes.
- The Sterile Processing Department improved case cart accuracy to 99.3 percent and decreased flash sterilization rates by 20 percent.

The patient never sees much of what happens, but to achieve these results the behind-the-scenes efforts at Highland are critical.

"Whenever a patient is here something is happening with their case," says Medical Director of Perioperative Services Alan Curle, M.D. "We always want the patient to feel as if everything is moving forward safely and efficiently."

Senior Program Administrator of Perioperative Services Raoul Chazaro says there needs to be constant preparation and more communication. Daily huddles with principals from every department involved in a surgical case helps resolve immediate issues, as attendees explain problems while colleagues freely offer suggestions or possible solutions.

Eric Hogan collects materials for a case cart. Combining SPD and Materials Processing into one department ensured around-the-clock coverage 365 days per year, enabling better preparation for the next day's OR caseload.

"Having someone with the experience of Dottie Haelen to explain why there is a delay is calming and reassuring to families. One positive act creates a chain reaction of good results."

– Raoul Chazaro, on the Periop liaison position

"These huddles are a fantastic way to get resolution or at least start down a pathway toward it," says Jerry Simeone, Supply Chain Manager, who helped straighten out a labeling issue in MPD that would have affected both SPD and the OR.

"We keep working together and communicating."

Open communication and newly defined expectations have enabled staff to see how each department's responsibilities are directly related to each other's success.

"With more instruments and technology we not only keep on top of our daily work but also are able to focus on preparing instrumentation carts for the next day," says Carmen Hunter, who has worked in SPD for 13 years. "We just have become more efficient. These changes have made the job more rewarding because it's so much about the bigger picture and how we contribute."

Group effort drives results

- The OR improved first-case on-time starts by nearly 25 percent.
- Creation of "parking lot" – a "never-say-no" scheduling strategy – resulted in more providers returning to use the hospital's OR services.
- SPD puts together, on average, 250 to 350 trays per day for use in the OR.
- Instrumentation increased 35 percent, which included investment in hundreds of pieces of equipment and the addition of new technology such as bar-code scanning on instruments.

Highland programs, units earn recertification, national honors

■ Highland's ICU received the Beacon Award For Excellence, one of only three hospitals in New York state to achieve gold-level status and the only facility in Rochester to have attained a Beacon during this cycle. The three-year certification recognizes units with improved patient outcomes – the ICU had below national benchmark rates in CLABSI, pressure ulcers and few incidents of ventilator-associated pneumonia – and that promote a healthy work environment.

■ The Joint Replacement Program (hip and knee) has been recertified by the Joint Commission, which reported no findings that require improvement. The Geriatric Fracture Center also received recertification following a site visit by surveyors, who reported no findings that require improvement. Recertification for Disease Specific Care recognizes efforts to provide safe, high-quality care and services.

■ Gynecologic Oncology expects to receive a two-year recertification following a successful Joint Commission visit that noted only one Requirement For Improvement. The surveyor lauded the program's efforts to provide quality care while upholding I CARE values. The program also followed through on a previous JC recommendation and started a tumor board, which is a multidisciplinary group that reviews cases to ensure patients get the best care.

■ The American Society for Gastrointestinal Endoscopy (ASGE) recognized the Highland Endoscopy Center for successfully meeting requirements to promote quality through its Endoscopy Unit Recognition Program. HEC developed and adopted policies based on national recommended quality measures related to adverse event tracking, patient assessment of procedural risks, infection control, monitoring practices and more. Staff also demonstrated through competency assessments an adherence to endoscope reprocessing guidelines.

ICU staff \includes Stacy Bonacci, Jordan Price, Sarah Norton, Eric North, nursing student xx xx, Diane Holland, Madelyn Kerber, Jerri Bermen-Neilsen, Ping Fang and Dave Moore. Sitting are Cara Coccia and Danielle Capierseho. Two St. John Fisher College Nursing students (white scrubs) also are pictured.

The Geriatric Fracture Center includes social worker Sara O'Brien, researcher Dr. Susan Friedman; Becky Stanton, RN; West 6 Nurse Manager Melissa Evans; and in front, Quality Management's Polly Moore and GFC co-Director Dr. Stephen Kates. Not pictured is program co-Director Dr. Daniel Mendelson.

The Gynocologic Oncology program received recertification. Representing the unit are, back row, E5 Nurse Manager Karen Przybyszewski; Jen Englert, RN; and RadOnc Manager Nancy Marou. In front are Quality Managerment's Polly Moore and Dr. Cynthia Angel.

The Joint Program celebrates the news of recertification. It includes, back row, Terri Katz, RN; Dr. Allen Boyd, Director of Evarts Joint Center; East 6 Nurse Manager Julie Votsis; East 7 and West 7 Nurse Manager Michelle Ayette; occupational therapist Michelle Bruegger; Dr. Alison Vogt, Chief of Anesthesiology; care coordinator Judy Calamia, RN; SPD Manager Christine MacDonald; social worker Sara O'Brien; and Dr. Catherine Humphrey, Chief of Orthopaedics. In front, Melissa Bourne, RN; physical therapist Lydelle Rumsey; Dr. Alan Curle, Director of Periop Services; and Becky Stanton, RN.

Employees of the Month

DECEMBER

Colin McGovern

Facilities

JANUARY

Jim Riggs

Marketing

FEBRUARY

Melinda Garfield

West 4

eRecord upgrade to create major efficiencies

When eRecord receives an upgrade May 5, users will benefit from a streamlined workflow and enhanced communication opportunities between colleagues.

Some of the enhancements are small, like the way information is displayed on a screen, while others are geared toward compliance with government regulations such as ICD-10 and Meaningful Use.

This is the second major upgrade since 2011, and the eRecord 2012 upgrade will affect all areas that use the electronic medical record system.

For example, inpatient users will find new search options

QUALITY

that make it faster to find a patient's chart and flowsheets automatically bookmark the user's last location. In the ED, finding outside records for patients becomes easier with the addition of a favorites section that includes records for the top four organizations requested in a search.

Those in ambulatory settings have the option of widescreen view that reduces the clicks necessary to see the information. The addition of My Sticky Note provides clinicians with an opportunity to leave a 500-character message that only the creator of the note can see.

Helpful hints

- eRecord Resource Library has summary of all changes
- Don't forget to do the mandatory eLearning before May 5
- Primary support during launch provided by unit/departmental Super Users

"Epic's developers work with customers like URMC to understand opportunities for improvement, and pay attention to industry trends to create upgrades with impact and meaning," says David A. Krusch, M.D., URMC's chief medical information officer and co-director of eRecord.

Surveys *Continued from front*

years, all of Highland's progress is directly related to how engaged and energized employees are.

Employee survey feedback from 2011 has helped Highland focus on areas where employees said the hospital could better meet their needs, including more career opportunities; greater access to pay and benefits information; wellness resources and health benefits; and tools to deliver safe, error-free care to patients.

Employee feedback helped Highland respond with the following:

- Career programs that have provided paid training for employees and added 35 new promotional opportunities, with more to come.
- New wellness programs and health benefits, including free annual biometric screenings.
- Investments in our facility, technology and medical equipment that have fueled Highland's growth; an example is this issue's story on Periop improvements that have helped the team exceed projected OR cases by 200 so far this fiscal year.
- A positive work culture that is improving the patient experience, as latest HCAHPS survey results show: Highland outranks or ties all other local hospitals in 7 of the 10 categories used to measure patient satisfaction.

Your ideas helped the hospital become a better place for you to work and a better place for patients to receive care over the past two years. Thank you for your participation, and we look forward to hearing your feedback from the upcoming survey.

MAKING THE ROUNDS

- Chris Hengstler, RN, CNOR, was named recipient of the 2013 Sengupta Award for Perioperative Nursing, a prestigious honor that symbolizes commitment, competency and caring. Chris, a Nurse Leader, has dedicated herself to Highland for more than 40 years, including nearly 30 with the operating room. The award is given in memory of Dr. Amarendra Sengupta, a pioneer of open-heart surgery in Rochester. "I was surprised and humbled to be selected from so many dedicated nurses," says Chris, who accepted her award at a dinner at the India Community Center. "This is truly an honor."

Chris Hengstler, RN, CNOR

- Linda Green, RN, MPS, CIC, and Sherry Romig, RN, have joined Highland's Infection Prevention program. Green is the new department manager and Romig is an infection preventionist.

Linda spent the past 15 years at Rochester General Hospital and her most recent role was as Director of Infection Prevention. She has been involved with the community collaborative with Highland and others to lower C. diff rates. She has 25 years in IP. Sherry has been a nurse for 20 years, working the past 14 years in ambulatory infection prevention at Lattimore Surgical Center.

Linda Green, RN, MPS, CIC

Sherry Romig, RN

"I am so pleased by the camaraderie at Highland and the focus on patient care," Linda says. "Everyone is engaged."