

November 2008

Service education rolls out to resident physicians

ON ELECTION MORNING, NOV. 4, THE LAST WAVE OF URMIC RESIDENTS CAST THEIR VOTES IN FAVOR OF EXCEPTIONAL PATIENT CARE AT THE FINAL SERVICE EXCELLENCE EDUCATION SESSION HELD THIS FALL.

The training, offered four times since mid-October, zeroed in on exactly how doctors can – and must – build a culture of unparalleled customer service while delivering patient care.

“We already require that residents train in safety and quality, but this marks the first time we’re offering a formal service education course for physicians,” said Jackie Beckerman, director of the Strong Commitment Service Excellence Program. “But it’s timely. The expectation for extraordinary customer attention has absolutely permeated our culture, and when you consider how personal health care is – being trusted to care for people’s parents, their children, their spouses – it’s only natural that our patients deserve our best.”

The training sessions included role-play videos that depicted residents (real residents turned actors) struggling to converse with patients and address their complaints and concerns. “Physician champions” – nominated by residents as role-models whose patient-care interactions they most wanted to emulate – equipped new doctors with memorable acronyms that not only prompt more effective communication, but can safely steer them through service recovery (winning back trust after heated encounters).

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NICU team radically cuts line infection rates

PRIOR TO 2006, GOLISANO CHILDREN’S HOSPITAL’S NEONATAL INTENSIVE CARE UNIT (NICU) CONSIDERED CENTRAL LINE INFECTIONS – WHEN BACTERIA BREEDS ALONG THE TUBING THAT ADMINISTERS A NEWBORN’S NUTRITION, MEDICINES AND HYDRATION – PRACTICALLY INEVITABLE.

Serving as a regional perinatal center, the unit often runs at or above capacity (census often correlates with infection rates); it also cares for newborns who are more and more premature, face higher acuity conditions, and spend longer times with central catheters in place.

“Like many areas of medicine, we thought that because our patients were at such high risk for infection, our high rates were understandable,” said Tim Stevens, M.D., M.P.H., who directs the NICU. “But we soon learned that our care processes were not allowing our hard work and good intentions to translate into results.”

“We needed a more standardized approach,” added Pat Lamarche, R.N., M.S.N., C.P.N.P., a clinical nurse specialist. “Our ‘sterile procedure’ guidelines and catheter care policies left too much to individual interpretation.”

Central line-associated infections are cited in Strong Memorial Hospital’s 2008 Management Plan as one of several potential causes for preventable death (in acute cases), and a key focus area for improvement. And aside from being harmful to babies and anxiety-provoking to families, these infections also cause longer stays in the NICU.

“Space is a premium, here. Getting babies healthy and home sooner frees up



beds for other families,” Stevens explained. “And as we move to a ‘pay for performance’ model of health care, and these statistics become publicly accessible quality indicators, we knew that slicing infection rates was imperative to maintain our NICU’s reputation.”

Given the large size of the unit – totaling nearly 200 total nurses and 40 providers – it was clear that implementing such rigorous change would be difficult.

“But we had to do something. Our unit was so busy, that often, an alarm or another baby’s need for care might split the attention of a nurse who was working to main-

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Service education

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“We hope these training sessions gave residents pause, encouraging them to think about how they may be perceived by patients and families,” said Kathy Parrinello, Strong Memorial Hospital’s chief operating officer. “We want residents to appreciate how critical patient satisfaction is in today’s transparent world.”

Not only is giving outstanding service the ethical thing to do, but increasingly, patient perceptions are becoming powerful – and publicly accessible – quality indicators.

Consider the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS (pronounced “H-caps”), a government-spearheaded initiative to standardize and publicly report inpatients’ satisfaction at hospitals nationwide. Led by the Department of Health and Human Services’ Agency for Healthcare Research and Quality, HCAHPS publishes survey data online (www.hospitalcompare.hhs.gov).

“We already ask patients if they feel hurried by care givers, if their concerns are responded to, if they are kept informed and treated with courtesy. But now, in addition to surveying for our own purposes, partici-

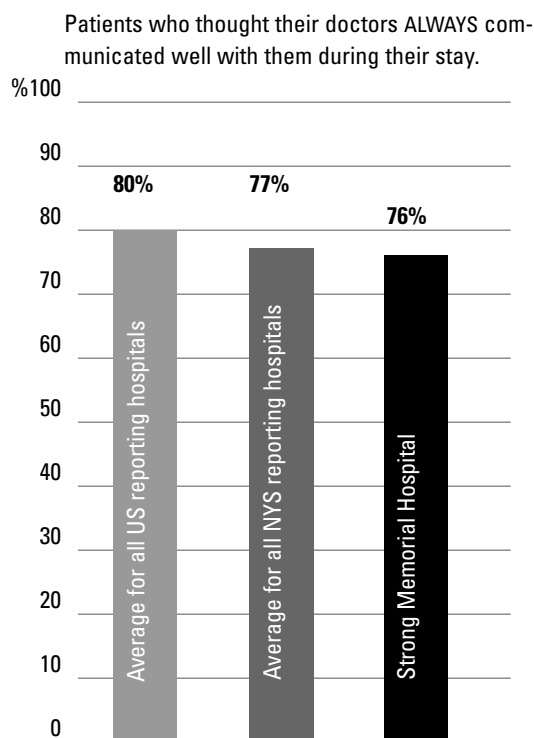
pating in HCAHPS is mandatory in order to receive yearly adjustments in Medicare payment rates,” Parrinello said. “Right now, we’re slightly below state and national averages in many of HCAHPS’ dimensions, so we’ve got work to do – especially considering that patients have lots of competing care options, and that in the future, it’s likely that our performance will be tied not only to Medicare, but to other payers’ reimbursements as well.”

Diane Hartmann, M.D., the School of Medicine and Dentistry’s senior associate dean for graduate medical education, also understands that satisfied patients are not only happier, but also healthier.

“Pleased patients are more likely to trust doctors, heed medical instructions, and participate as partners in their own care,” she said. “Those advantages help them to heal faster, letting us help more people.”

Hartmann adds that, back in 2003, the Accreditation Council for Graduate Medical Education (ACGME) – the central force in revolutionizing resident training – mandated that doctors master new competencies. Included in this list of “musts” was honing interpersonal skills, and learning to effectively communicate both with medical colleagues, and with patients and their families.

“ACGME understands that it takes time to integrate these lessons into training programs,” she said. “But it’s taking shape. These educational sessions reached more than 700 residents, and are a great step forward.”



NICU team cuts infection rates

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tain a line,” said Hyacinth Hoey, R.N., B.S.N., a unit nurse involved in driving the effort. “We tried another tack – a three month trial enlisting a smaller group of expertly trained staff who would dedicate time exclusively to these lines.”

During that trial, infection rates dropped like never before, and a 20-person “PSC team” (named for the percutaneous silastic catheters they maintain) soon became a permanent fixture. Setting aside a four-hour shift each day to home in on catheter care, the team wheels out a sterile cart exclusively outfitted for line maintenance, and adheres to a strict bundle of evidence-based best practices.

“When you consider that, of the 25 total nurses on duty, one or two are working as PSC team members, you can see that this is a major investment in human talent,”

Stevens said.

Diane Prinzing, the NICU’s information analyst, uses a run chart to analyze the success of the unit’s “statistical process control” – a manufacturing industry concept designed to standardize processes, reduce variation and produce the best outcomes.

“We were averaging about 16 line rate infections per 1,000 line days in 2006, but we’ve whittled that down to about seven last year, and have hit 2.3 in recent months. Having a firm handle on the data has helped us finesse our strategy, bringing our numbers closer to zero.”

Now, the NICU averages well under the National Healthcare Safety Network’s goal of less than four line infections per 1,000 line days.

The unit has also made a concerted effort to retrain the providers who insert the lines in the first place; they also now follow more standardized processes.

URMC honored for heart attack care

URMC is the only Rochester-area hospital to receive a Silver Performance Achievement Award for improving its treatment of heart attack patients. Presented earlier this month by the National Cardiovascular Data Registry’s “Get With The Guidelines” program, the award recognizes hospitals that adhered to the American College of Cardiology/American Heart Association patient care recommendations at least 85 percent of the time for one year. Strong Memorial was one of only 93 hospitals nationwide to receive this recognition.

