

nsmcNow!

THE NEWS OF NORTH SHORE MEDICAL CENTER



Kim Ebert, R.N., and David Kahn, M.D., members of the Inpatient Transformation Team focused on Cardiology, discussing some of the data they have collected on the Davenport 8 cardiology unit on the Salem Campus.

SEEING THE UNSEEN

MULTIDISCIPLINARY TEAM LOOKS TO CREATE MORE EFFICIENT, PATIENT-CENTERED CARE MODEL

Like getting a new pair of glasses. That's how cardiologist David Kahn, M.D., describes his new-found perspective on the inpatient care experience after devoting the past eight months to analyzing—in exhaustive detail—how patients move through the Davenport 8 cardiology unit on the Salem Campus.

As part of the eight-member Inpatient Transformation Team focused on Cardiology (ITTC)—a multidisciplinary process improvement team comprised of frontline clinical and administrative staff working with a consultant from Lean Enterprise, Inc.—Dr. Kahn and his colleagues have scrutinized every aspect of the patient experience on Davenport 8 to get a clear picture of how care is currently being delivered. From this data, the team has been exploring innovative ways to deliver care that is more efficient, cost-effective and, above all, patient-centered.

continued on page 2

Just Think!

Grant Funds New Critical Thinking Education Program

Finely honed critical thinking skills are essential for all caregivers in today's fast-paced, increasingly complex healthcare environment. This is especially true for nurses who spend more time at the patient's bedside and are continuously assessing and reassessing their clinical status and addressing problems as they arise.

“Nurses rely on their critical thinking skills every day in order to deliver the safest and most effective patient care possible,” says Taryn Bailey, R.N., Executive Director of Professional Practice and Patient Education. “More than ever, frontline nurses are now being asked to accomplish a greater number of tasks in a shorter period of time. For example, rising patient acuity, faster throughput and increased use of protocols make it challenging for nurses to recognize emerging clinical patterns. The more that we can do to improve their critical thinking skills, the better the outcomes we will achieve.”

continued on page 4



A teachable moment: Chryssy Perez, R.N., Clinical Nurse Specialist of Oncology (right) works with Davenport 9 nurse Kaitlyn McGurl, R.N.

Karen Krag, M.D., Honored with Holyoke Award



Karen Krag, M.D., has been named as the eighteenth annual recipient of the Dr. E. Augustus Holyoke Memorial Award. This award is given by the NSMC Medical Staff to members of the

community to recognize professional excellence and service to the community.

A dedicated physician and researcher, Dr. Krag has been caring for cancer patients on the North Shore for more than 20 years. She joined the NSMC Medical Staff in 1998 and currently cares for patients at the Mass General/North Shore Cancer Center in Danvers. In addition to being a highly respected expert in her field of breast oncology, Dr. Krag truly defines “compassionate caregiving” with her approach to her patients and their families. She has been active in promoting good health in the community, most recently helping to develop a breast cancer prevention program that assesses risk at the time of screening mammography.

A Clinical Assistant Professor at Harvard Medical School and a member of the American Society of Clinical Oncology, Dr. Krag has also been a regular speaker at community outreach programs in New Hampshire and Maine for more than 20 years.

Union Campus Healing Garden Wins Award

Healthcare Design magazine has named the Dr. Harvey Zarren Healing Garden at Union Hospital as a finalist in the Respite category in its 2011 Remodel/Renovation Contest. Featured in the December 2011 issue, one judge called the project an “outstanding transformation of walkway and existing vegetation into a ‘park-like’ setting on a healthcare campus, simplicity of materials, patterns and vegetation enhance the tranquility of the outdoor space.”

Opened in 2007, the 23,000-square-foot Healing Garden offers patients a variety of wheelchair-accessible walkways and seating areas, enabling even seriously ill patients to spend time with nature. Medical research has shown that spending time in gardens and natural areas may lower blood pressure and help surgical, cancer and heart patients recover faster.



The Inpatient Transformation Team focused on Cardiology (L-R): Maureen Connor, M.P.H., R.N.; Kathy Schevis, R.N.; and Wendy Palermo, R.N. Missing: Justin Byrne, M.D.; Heather Champion, T.N.A.; and Jay Ocio, T.N.A.

ITTC continued from page 1

“Our aim is to design and improve care delivery through the eyes of our patients and their families and we have empowered this team to lead our transformation efforts,” says Bea Thibedeau, R.N., M.S., Senior Vice President for Patient Care Services and Chief Nursing Officer.

“Once you see reality,” says Dr. Kahn, continuing with his eyeglass analogy, “you gain new appreciation for the incredibly hard work that is currently being performed on behalf of our patients and how much better it could be if we all worked in a more standardized, synchronized and patient-centered manner.”

To advance this line of thinking, the ITTC team is in the early stages of

developing a new care model they call IPACE—Inpatient Paced Accountable Care Environment. As the innovation pilot unit, Davenport 5, a 15-bed cardiology unit, will be utilized to test the new care delivery model beginning in February. This collaborative, team-based approach embeds process improvement into daily operations and uses data analysis as the basis for all decision making.

“The ITTC team is employing the same methodology currently being used—with great success—by the ICARE team to improve the patient experience in the Salem Hospital Emergency Department,” says David Roberts, M.D., Chairman of Medicine and Chief of Cardiology. “The team is comprised of staff from Davenport 5 who have been given protected time and the necessary resources to create sustainable, long-term changes in how we deliver care.”

One of the initial ITTC pilot projects will focus on reducing the amount of time clinicians spend doing patient documentation. “Over the course of a typical four-day stay, the team identified a combination of approximately 2,226



Kim Ebert, R.N.; Greg Fields; David Kahn, M.D.;

pages or computer screens worth of documentation that are added to a patient's medical record by a physician, nurse or nursing assistant," says Kathy Schevis, R.N., a member of the ITTC team. "There is a lot of duplicate effort

“The challenges being addressed by the ITTC team are not unique to NSMC ... What is different about our approach is our broad scope, our time commitment and our goal to build care around the patient.”

because our documentation systems aren't integrated. This takes up valuable time that could be spent at the bedside.”

To gain a better understanding of the situation, the team conducted a thorough analysis of NSMC's current documentation system and identified ways to redesign the process to make it more streamlined and efficient. In February, they will pilot a multidisciplinary congestive heart failure care plan on Davenport 5 that coordinates care around the patient and closely involves the patient and family in the care delivery process. This care plan will initially be done on paper and kept in a visible location where all care providers can access the information. "Paper documentation will allow clinical staff to enter all necessary information in one accessible location. We want to make visible all of the things that are being

documented, remove the redundancies and positively affect the patient experience," says Schevis.

"The challenges being addressed by our team are not unique to NSMC," explains Dr. Kahn. "The external forces driving healthcare reform and new models of reimbursement are leading all hospitals to think differently about how they deliver care and measure success. What is different about our approach is our broad scope, our time commitment and our goal to build care around the patient."

The Inpatient Transformation Team focusing on Cardiology (ITTC) includes: Justin Byrne, M.D.; Heather Champion, T.N.A.; Maureen Connor, M.P.H., R.N.; Kim Ebert, R.N.; David Kahn, M.D.; Jay Ocio, T.N.A.; Wendy Palermo, R.N.; and Kathy Schevis, R.N.

ICARE VIDEO PRESENTED AT NATIONAL CONFERENCE



Before there was ITTC there was ICARE. Short for Integrated Care And Rapid Evaluation, ICARE is a new, streamlined assessment and treatment system being rolled out at NSMC. This team-based approach to treating patients in a defined work area grew out of extensive work done by the multi-disciplinary Emergency Department Transformation team, pictured at right. While still in the pilot stage, the ICARE model has been shown



Scan this code with your smartphone to watch the ICARE video.



The Emergency Department Transformation Team (L-R): Annie Colcord; Kevin Colcord; Susan Douglass, R.N.; Joan Fallon; Danielle Blais, P.A.S.; Angela Whitehurst, T.N.A.; Steven Browell, M.D.; and Nancy Ryll.

to increase patient and staff satisfaction, enhance safety and quality of care and decrease length of stay.

Based on its preliminary success, a six-minute video on the ICARE initiative was created for the Institute for Healthcare Improvement (IHI) annual conference this past fall. Scan the QR Code at left or visit *NSMC Connect* to watch the video!



Mark Blass, Executive Director, North Shore Health System

Mark Blass seems remarkably calm considering that life as he knows it is changing at warp speed. Executive Director of North Shore Health System—NSMC’s affiliated Physician-Hospital Organization, established to manage contracts with insurance companies and governmental entities—Blass is on the frontline of what is perhaps the biggest change to the healthcare delivery and payment system in modern history.

Under pressure from government, business and consumer leaders, the healthcare industry is currently transitioning from a fee-for-service delivery model—in which physicians are paid by insurers and Medicare for each individual patient visit—to a global payment model in which they must manage the rate of growth in total medical expenditures across

the acute, post acute and ambulatory settings for a specific patient population. “Our ultimate goal is to deliver the right care in the right place at the right time, which will ultimately improve quality and lower costs,” says Blass.

At the heart of this change is the creation of Accountable Care Organizations (ACOs), or groups of doctors, hospitals and other healthcare providers who together provide coordinated care to the patients they serve. “When an ACO succeeds in both delivering high-quality care and spending healthcare dollars more wisely, it will share in the savings it achieves with insurance companies,” explains Blass. North Shore Health System is now in the early stages of developing the necessary infrastructure to accommodate this new environment, a task that is far-reaching and incredibly complex.

“There’s general acknowledgement that this is good for patients,” says Blass. “I hear a lot of frustration with the current delivery model because we’ve made it so complicated that people don’t know how to enter the system—which can lead to the misuse of time and resources. In the ACO model, we will provide assistance to patients at every step.”

Blass started at North Shore Health System in 2006 after serving as Chief Financial Officer of Hallmark Health for 25 years. The father of two grown children, he resides in Marblehead with his wife.

“When an ACO succeeds in both delivering high-quality care and spending healthcare dollars more wisely, it will share in the savings it achieves with insurance companies.”

NSMC Physicians Included in Elite “Super Doctors” List

Fourteen NSMC physicians have been named “Super Doctors” for 2011 by Boston’s *Super Doctors* magazine. Only five percent of all Boston-area doctors are honored with this distinction annually.

Super Doctors peer-review selection process ensures that only the top physicians are selected for its listing. These doctors have excelled professionally and are widely recognized as leaders within their fields of practice. Every year, thousands of physicians receive ballots that ask by specialty: “If you needed medical care, which doctor would you choose?” Only the top vote getters are named to the final list. Each doctor’s professional information is verified to ensure it is accurate and up-to-date. *Super Doctors* was first published in 2005 and can be found online at superdoctors.com where doctors can be searched by practice area and location.

The NSMC physicians in the 2011 *Super Doctors* listing are: Bruce Beckwith, M.D., Alain Chaoui, M.D., Christopher Coffey, M.D., Terence Doorly, M.D., Ira Evans, III, M.D., Richard Goodenough, M.D., Ruth Hazen, M.D., James Higgins, M.D., Sanford Levy, M.D., James MacLean, M.D., Albert Namias, M.D., Edgar Oppenheimer, M.D., Jefferson Prince, M.D., and Joel Schwartz, M.D.

Critical Thinking continued from page 1

With this in mind, NSMC’s Patient Care Services Department has received a grant from the Risk Management Foundation of the Harvard Medical Institutions to fund a new critical thinking assessment and education program. Developed by The Advisory Board Company’s Nursing Executive Center, this critical thinking diagnostic is an automated, evidenced-based assessment of bedside nurse performance on 25 critical thinking competencies. The program was initially piloted on Davenport 9 and is now being implemented across all medical/surgical and intensive care areas. A total of 280 nurses are currently participating in the program.

“The program uses a survey to assess each nurse on critical thinking competencies in the areas of problem recognition, clinical decision making, prioritization, clinical implementation and reflection,” says Project Specialist Carol Elliott, R.N., Ph.D., who is overseeing the program. “Each nurse completes a self-assessment and another is completed by their nurse educator or manager. Together, these show us where there are opportunities for more education and then a customized program is created for each nurse.” Drawing from the research done by the Advisory Board Company Nursing Executive Center, these individual educational programs can include everything from reading and writing assignments to case studies and group discussions.

“Feedback has been positive,” says Chrissy Perez, R.N., Clinical Nurse Specialist of Oncology, who managed the pilot program on Davenport 9. “I’ve heard from both new and tenured nurses that they have found the exercises useful in improving their daily practice.”

“In addition to assisting nurses with their day-to-day work, the results of this program will help drive future improvements to our education programming,” says Bailey. “As always, our goal is to give nurses the support and resources they need to deliver optimal patient care.”