



Southern Atlantic Healthcare Alliance

Quarterly Newsletter January 2009

A Letter from our CEO



Members,

The theme for this year's Achievement Day was Spotlight on Success. Our two keynote speakers, William Pully, NCHA and Dr. Meera Kelley, WakeMed Health and Hospitals, gave artful presentations on North Carolina's Changing Healthcare Environment and the Challenges and Successes of enhancing hospital quality and safety. The topics alone are indicative of the hurdles our healthcare delivery system faces. When we add the additional complications of our recent economic downturn we may find ourselves asking the question "how are we going to find our way through these uncharted waters?" The answer is: "by continuing to focus on the right things for the right reason. Together."

Every day we at SAHA have the opportunity to work with the best and brightest who make up the healthcare teams of our member hospitals and it is a constant reminder that the solution to our challenges lies within each one of us.

By remembering our successes and working together as a team to confront our challenges, we are making a difference in people's lives every day. The year 2008 was, without question, another successful year for our alliance because of your hard work and many contributions, but we do not rest upon past laurels. Instead we look to the opportunities that the New Year promises to bring and join with Helen Keller who said: "Alone we can do so little; together we can do so much."

Dale Armstrong

Regional News

- Tim Rice, CEO of Moses Cone Health System, named Chairman-elect of NC Hospital Association.
- Three members recently completed successful Joint Commission Surveys - Carteret, Nash, and Lexington
- Beaufort County Hospital becomes Beaufort Regional Health System
- Lenoir Memorial receives grant from the Duke Endowment to improve IT capabilities
- Halifax Regional launches enhanced customer service efforts
- Johnston Memorial welcomes new COO, Ruth Bailey-Marler
- WakeMed and Wilson Medical Center announce cardiac services affiliation

New E-mails for All Staff Announced



SAHA continues to grow and develop as an organization. As part of our maturing, we have updated our e-mail system. As of January 1st, all staff will have an e-mail address that ends with the @sahalliance.org extension. We are excited to make this transition and know that it will help further our brand identity and limit confusion within the business community about exactly who we are when conducting our activities. We appreciate the support of WakeMed during our ongoing development and especially with this important transition.

New e-mails are:

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Shirley Cotten: scotten@sahalliance.org

Sarah Hoffman: shoffman@sahalliance.org

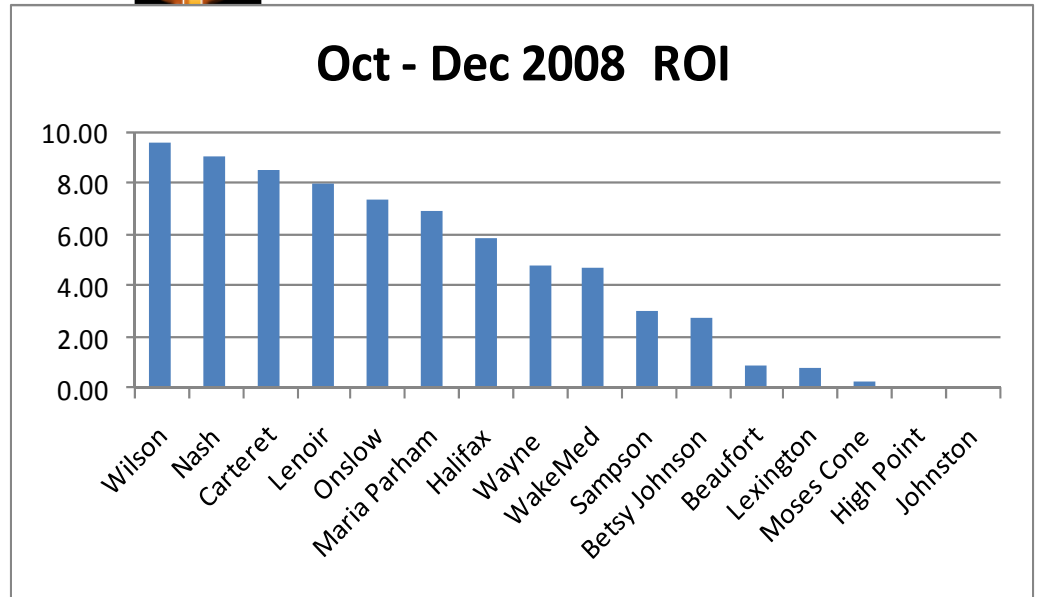
Cindy Nobling: cnobling@sahalliance.org

Cindy Pittman: cipittman@sahalliance.org

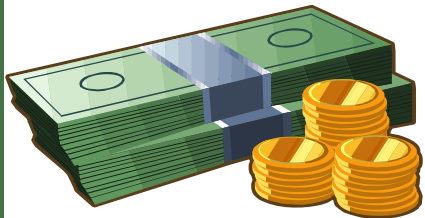
Cost Savings Initiatives



**Average
Member ROI
\$4.13**



Three New Contracts Net over \$350,000 in Savings



Collections Contracts

SAHA members renewed their collections contracts with First Point Collections and Mosaic Revenue Solutions (formerly known as Credit Consultants of Central Carolina). The contracts have been renewed for a period of one year with the terms and conditions of the original contract, including the pricing tiers. Total savings with this contract is over \$150,000 annually.

Executive Health Resource (EHR)

SAHA signed a contract with EHR for their services including RAC readiness and for retrospective and concurrent denials management. Nine SAHA members are currently working with EHR and have collectively saved over \$200,000. These hospitals are: Beaufort, Betsy Johnson, Carteret, High Point, Maria Parham, Moses Cone, Onslow, WakeMed and Wayne.

This service has been very helpful to the participating members and we anticipate these savings to grow as more members sign up in the near future. Thanks to the Case Management Team for leading this great cost savings effort!

Exhaust Clean

SAHA and Exhaust Clean have finalized an agreement to provide quarterly exhaust hood cleaning services for the Food Service Directors Team. This contract will provide as much as 30% savings over the previous cost. There will also be improvements in timely and effective maintenance, ensuring the members meet NC Division of Environmental Health Inspection requirements. Lexington brought Exhaust Clean to our attention; WakeMed Raleigh, Wilson, Moses Cone and Betsy Johnson have joined the contract and will save \$6,832 collectively.

Compliance

Joint Commission Survey Lessons from Nash and Carteret

At their November and December meetings, the Compliance Team discussed recent lessons from Joint Commission Surveys. Nash shared their successful survey noting their organized documentation was well received. Lisa Barringer also addressed the focus areas and specific data their surveyors wanted to examine. For example, Critical Values and hand hygiene data were focus areas from the NPSG Data sets. Surveyors wanted to review the analysis of data, not only the process improvement response. Food Allergies Processes, Insulin Drip, Blood Prod-

ucts, and Suicide Risk were traced. The survey team was particularly impressed with the new Fast Track Patient Flow process and multiple site Medication Reconciliation.

Carteret also shared their survey notes with the team. With a 'no surprises' philosophy their Survey Preparation Team began an intensive review three months ago, tackling everything from tracers to Medication Reconciliation. Cindy Jones reviewed their unique approach of making rounds first thing Monday morning to keep weekend and weekday staff working

together. When surveyors arrived they were greeted with a scribe and hospital guide. Reminder notes were sent to physicians and clinical staff on dating and signatures. The scribes provided prompt feedback on focus areas for the Preparation Team. Carteret's extensive preparation was well rewarded with positive feedback from the Joint Commission Survey Team.

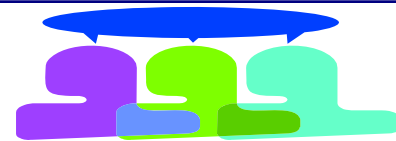
Survey Summary notes from both facilities are posted in the Compliance Team Folder on the SAHA website.

CMOs Collaborate on Common Challenges

On November 21st the Chief Medical Officers (CMOs) from eight member hospitals came together to discuss common challenges and identify ways to work together through SAHA. The roundtable format covered a wide range of topics including: addressing physician apathy, medical staff governance and infrastructure, physician leadership development, ED specialty call, recruitment, disruptive physician behavior, peer review, RAC preparation and compliance. The group discussion also recognized the need for further leadership training as the CMOs become increasingly integrated with hospital administration and are required to take on more non-clinical roles in managing and working with their colleagues. All agreed that training to effectively meet these

challenges is an opportunity for the Alliance to pursue. In response to this request, SAHA is currently seeking a grant to assist in the development and delivery of physician and hospital board education programs.

Also, the recent Joint Commission requirements for a policy and clear documentation for follow through regarding disruptive physician behavior was a key discussion item. Those present shared an overview of their current policies and agreed that collaboration and timely follow up is the most effective way to manage inappropriate behavior. SAHA will continue to seek education for the CMOs on this important topic.



KNOWLEDGE SHARERS

Mental Health Forum Addresses Key Issues

The most recent SAHA mental health forum took place on November 4th with 56 people from 12 member hospitals in attendance. The participants heard a presentation on the history of Mental Health Reform in NC from Dr. Marvin Swartz. Dr. Robert Millet discussed specific strategies for rapid assessment in the Emergency Department. The

program also featured John Tote of the Mental Health Association in NC who addressed the specific challenges of transportation and patient placement. Each hospital present reported on one program or service related that was working well. All learned something they could apply in their hospitals from this best practices discussion.

Transportation was a common challenge noted by the participants and so a task force was launched and is exploring options. Contact Sarah Hoffman for more details.

Our next Mental Health Forum is scheduled for **March 10th**. We will focus on hospital/LME partnerships and mental health reform under the new administration.



Educational Programs

Board Members Participate in Physician Integration Program

There is a national trend playing out in SAHA member hospitals with increasing frequency. Physicians are approaching hospitals to discuss partnership and employment possibilities. This recent change in the way hospitals and physicians interact and work together led the Board of Directors to look to SAHA for assistance and education on this topic. After reviewing several qualified firms, Southwind Health Partners was engaged to provide comprehensive education at the recent SAHA Board meeting. The program was well received by all in attendance.

Southwind addressed the primary reasons to employ physicians including quality metrics alignment, safe harbors, on-call coverage, and to assure specialty coverage. They provided data regarding the national trends noting that in 1996 there were less than 10,000 physicians employed by hospitals. In 2006 that number had increased to over 50,000 and is on an exponential curve to keep climbing. Similarly, SAHA members stated they intend to dramatically increase the number of physicians they employ over the next 5-6 years. When these relationships begin, the key to a successful partnership is driven by contracting that includes financial

accountability for productivity, collections and cost reduction along with quality incentives. The many differences in the management of physician practices as compared to hospital operations was also discussed. It is critical that healthcare leaders invest in the expertise to effectively manage physician practices to minimize the financial risk associated with owning the practice and to maximize operational efficiencies that should result from alignment of goals and incentives.

The evaluations from the session were incredibly positive with several SAHA members requesting follow up from Southwind at their individual facility.

Business Office Team learns about Bankruptcy in Healthcare

The SAHA Business Office team met on October 14th to learn about Bankruptcy in Healthcare. Our speaker was Jay Holland, an attorney with Smith Moore Leatherwood. The session started off with a discussion of the Collections Law. Mr. Holland noted the various options available to the business office, when a patient doesn't pay and the North Carolina statutes governing "debt collectors" should the hospital decide to collect on its own. He explained the means of communication for the hospital business office as a "debt collector". He also addressed the Fair Debt Collection Practices Act and the fact that a hos-

pital can only be subjected to this if the facility employs another name, as a result of which the patient perceives the hospital is a third party collector. This was followed by a brief discussion of collection agencies and third party recoveries as the session progressed into the depths of the Bankruptcy law.

"Bankruptcy stops the collection process in its tracks!!" The hospital is considered as an "unsecured creditor" and unpaid hospital bills do not get any special treatment in bankruptcy court. The two types of Bankruptcies: Chapter 7 – Liquidation and Chapter 13- Adjustment of Individual with Regular Income

were reviewed. While Liquidation converts all assets to cash and is reported on the credit record for ten years, Chapter 13 is geared towards an individual debtor who has a regular source of income. This filing is reported on the credit record for seven years. The presentation concluded with exceptions to the Bankruptcy Law followed by questions from the audience.

The feedback from the team indicates that the session was well received and that the attendees came away with a wealth of knowledge. Sixteen team members from 10 SAHA hospitals took advantage of this program.

Educational Programs

SAHA College Formalizes Curriculum and Offers First Session

SAHA College has been in existence for almost two years now and a wide variety of management and leadership training classes have been offered. In an effort to bring further value to the members, the Education Directors of our hospitals met to design an annual curriculum for 2008-2009. The courses will be held every other month and offered by expert faculty. We are fortunate to partner with Moses Cone's Organizational Development Department and WakeMed's Office of Staff Development and Training to provide several of these important sessions.

The courses for 2008-2009 are:

- Peer Today, Boss Tomorrow
- Interviewing and Selecting Talent
- Finance and Budgeting
- Diversity
- Coaching and Feedback
- Effective Supervision

Our first course in this new curriculum: Peer Today, Boss Tomorrow, was held on November 17th. It was a great course attended by hospital members representing a wide variety of disciplines from Food Services to Pharmacy. All participants noted that the session was valu-

able to give them specific skills to

transition from the role of peer to one of leader and manager. Two comments that best summarize the satisfaction with the course are: "I thought that the different types of problems that can come up and how to handle the situations was so helpful." "Everything was great. I learned a lot of ideas to try with my employees."

Our next session is Interviewing and Selecting Talent scheduled for **January 20th** at WakeMed Raleigh. Check out the website under SAHA College Programs for the flyer and registration information.



TeamSTEPPS™ Training

TeamSTEPPS™, Team Strategies and Tools to Enhance Performance and Patient Safety, is a teamwork system geared to enhance patient safety and the quality of care delivery. It is evidence-based and focuses on teamwork to improve communication and collaboration among healthcare professionals and was developed by the Department of Defense Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality (AHRQ). It rests on the fundamentals of team training principles developed in military aviation and in private industries with a focus on reducing human error.

The session was conducted by Susan Hohenhaus, an international expert in Patient Safety

strategies and teamwork initiatives. She has done extensive research in human factors and has a wealth of knowledge and experience in the field. Ms. Hohenhaus is currently serving as a National Lead Instructor for TeamSTEPPS™.

The four key components of TeamSTEPPS™, namely Communication, Leadership, Situation Monitoring and Mutual Support were addressed in great detail. Skills taught included the development of critical language, including structured communication tools (such as SBAR), facilitating team problem solving, anticipating and predicting the needs of the team and the patient, and providing assistance and feedback while advocating for the patient. The real-life scenarios discussed provided for some hands on training, describing

the impact of errors and why they occur.

The session focused on reinforcing patient safety strategies like briefs, debriefs and huddles, effective advocacy and assertion techniques, methods to ensure synchronized care and concluded with the need to develop a culture of safety where patient safety and team work know "no" boundaries by applying the fundamentals of TeamSTEPPS™.

The session was attended by 32 people representing 10 SAHA hospitals. The audience included members from the operating room, nursing units, emergency room and performance improvement. The program's success can be gauged from the positive evaluations received and the several requests for an opportunity for Master training!



On Friday, November 7th SAHA celebrated its Second Annual

Achievement Day. Seventy-three members attended representing 13 hospitals along with our partners from the NC Center for Hospital Quality and Patient Safety and The Carolinas Center for Medical Excellence.

The program featured ‘spotlights’ from three members and two keynote presentations:

Becky Craig, CFO, from Wayne Memorial began the event by spotlighting the value of using Executive Health Resources (EHR) for denials management and to prepare for Recovery Audit Contractors (RAC). Working with EHR, Wayne has revised their compliance policy to include Whistleblower provisions, incorporated Red Flag rules, and trained the employees and medical staff to ensure appropriate patient status. The hospital is now better prepared for RAC as result of this partnership.

Brenda Davis and Allison Manning-Williams, from Nash Health Care Systems revised patient flow in Nash’s Emergency Care Center (ECC) after participating in a SAHA program. Since Brenda and Allison were unable to attend due to Joint Commission Survey, Cindy Pittman, SAHA Project Manager, presented their findings. The areas identified for improvement were space, time to obtain admission orders, bed availability and nursing turnover. The ECC began with a pilot to remodel their Fast Track into the Super Track – adding physicians to move patients more quickly through the system, creating a new area for patients waiting

Second Annual Achievement Day— Spotlight on Success

for labs to free up bed space, and updating supply carts to save time. They also began using courtesy admissions orders. The outcomes of their efforts are improvements in appropriate level of care, Core Measures compliance and Patient Satisfaction. Their next steps are to focus energy on Nurse Recruitment and Retention and develop a new customer service program.

Jo Taylor from Beaufort County Medical Center highlighted the improvements made during their participation in the Surgical Care Improvement Project (SCIP). The SCIP collaborative’s purpose is to assist North Carolina hospitals in reducing the incidence of surgical complications by 25% by using evidence-based care processes. Beaufort has implemented several key changes such as updating their standing orders, physician specific monitoring, and revision of their OR notes to yield great improvements. By second quarter of 2008 they had documented that the recommended antibiotic was given 95% of the time compared to their starting rate of only 20%. Ms. Taylor noted that Beaufort is continuing their improvement efforts by participating in the second year of the collaborative through SAHA.

Keynote Speakers

William Pully, President, North Carolina Hospital Association, addressed the changing environment of healthcare in North Carolina. Reform is inevitable due to the rising costs of healthcare. The four areas identified for change: Quality and Patient Safety, Community Benefit, Community Health and Coverage for the Unin-

sured. NCHA has established goals to address these changes: NC hospitals are the safest in the nation by eliminating preventable infections in 24 months, achieve transparency in Community Benefits, make NC the healthiest state in the nation by combating childhood obesity and breaking the poverty, poor education, poor health cycle and create medical homes for the uninsured. Look for further programs from NCHA to meet these challenges.

Dr. Meera Kelley, VP, Quality & Patient Safety, WakeMed Health & Hospitals, spoke on how to address the challenges of hospital quality and patient safety. Staying in touch, improving workflow, designing for safety and enhancing the workplace are approaches for improving performance. Dr. Kelley also noted that we must be willing to consider new ways to deliver care in order to really impact the needs of both the clinical team and the patient. She further encouraged all present to assure alignment with quality goals throughout the hospital, from the Board to the front-line staff, in order to ensure success. Her presentation concluded with a challenge to embrace the many effective tools for change such as LEAN and Six Sigma and use them to drive improvements.

Thank you SAHA members for a great year! Keep up the good work!

Note: To view all presentations, go to the SAHA website and click on the archived presentations folder.



Southern Atlantic Healthcare Alliance

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We welcome your feedback!

Important Dates and Contacts:

January 20 (SH)- SAHA College - Interviewing and Selecting Talent

January 28 (DA/CN) - Board Meeting

January 30 (DA/SH) - Finance Committee Meeting with NC Quality Center

February 6 (SB) - RAC Session

March 10 (SH) - Mental Health Forum

March 13 (SH) - SAHA College - Finance and Budgeting

For all SAHA meeting dates and information refer to the calendar on our website.

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Sarah Hoffman (SH): shoffman@sahalliance.org

Cindy Nobling (CN): cnobling@sahalliance.org

Cindy Pittman (CP): cipittman@sahalliance.org

On the Horizon:

As always, we have many ongoing projects and initiatives at SAHA. We'll be providing more information on these initiatives in our upcoming newsletters. If you'd like more information on any of these initiatives, please contact the SAHA staff member indicated:

Sarah Hoffman:

- Mental Health Transportation Initiative
- Cardiac Care Collaborative
- SHIM Project Partnership
- Never Events Best Practices
- VHA Contract Implementation

Swati Bhardwaj:

- Pharmacy Unit Dose Packaging
- Pre-packaged Drugs
- OR Efficiency Programs
- Blood Products Utilization
- RAC Readiness
- Performance Improvement Team - LEAN

Cindy Pittman:

- RAC Tracking Software
- Background Check Services
- Cancer Registry Support
- Performance Appraisal Systems

