

CMO Letter

As you know, Crouse Hospital recently closed its 5 Memorial pediatric unit in anticipation of the opening this fall of the Golisano Children's Hospital. However, due to physician requests, a plan has been developed to provide recovery care services for pediatric surgical cases performed by Crouse-affiliated surgical specialists. This service, which began July 6, is being provided on the south end of 5 Memorial with a capacity of up to six patients. The program operates from 6 a.m. on Monday through 3 p.m. Wednesday.

As previously communicated, Upstate has withdrawn neurology and neurosurgery resident coverage from Crouse Hospital, effective July 1. For the remainder of 2009, the neurology service will be a consultation service only, working closely with the Hospitalist team. The neurologists will be readily available for ED or in-house consultation regarding any neurological need. For stroke patients arriving through the Crouse ED, the ED physicians will work closely with the neurologist on call to ensure timely, coordinated care. We are aggressively exploring all options to enhance our neurosurgical support for our stroke service in the near future. Please stay tuned for further updates.

As always, if you have any questions, concerns or ideas, please do not hesitate to give me a call at 470-5917.

Ron Stahl, MD
Chief Medical Officer
Crouse Hospital

SERVICE/PROGRAM Updates

GOING PAPERLESS

Crouse Hospital strives to provide the best in patient care and to promote community health. In line with our mission, the hospital provides physicians and other licensed professionals access to health information electronically via CareXpress, our web portal. Having information online not only expedites patient care, but helps ensure quality of care and improve outcomes. Information currently available electronically via CareXpress includes:

- EKG reports
- Medical Imaging reports and films
- Lab reports
- Admission notes; history and physical notes
- Consultation and operative notes
- Emergency Department and PromptCare notes
- Pathology reports
- Initial nursing assessment and nursing flow sheets

While monitoring usage of our systems, it is clear that CareXpress is being utilized, and as more information becomes available online, more users are signing on. As we transition into the electronic health record, we also need to transition to a paperless environment. In the next step towards a paperless system, beginning **August 1, 2009**, the hospital *will no longer print transcribed reports for the paper chart*. Physicians and other care providers will rely on the electronic system for this information. We anticipate this change in process to be as seamless as the past changes that have been put in place.

For more info: Ron Stahl, MD, Chief Medical Officer, x5917.

COMPLIANT DOCUMENTATION MANAGEMENT PROGRAM (CDMP)

J.A. Thomas and Associates has been assisting the hospital with the implementation of the new Compliant Documentation Management Program

(CDMP). This has been a multidisciplinary team approach to improve hospital and physician practice medical record documentation. The focus of the CDMP involves implementing a process whereby experienced RNs, working as clinical documentation specialists, work on the units, concurrently assisting physicians in bridging the gap between ambiguous terminology and/or incomplete documentation to that required for Medicare coding compliance. Program objectives are: to accurately reflect the hospital case mix index, to accurately reflect the appropriate physician profiles, to provide a foundation for CMS compliance and to assist the hospital with quality core measure reporting.

For more info: Carolyn Hastings, Director of Health Information Management, x7543; Kelley Clifford, Coding Manager, x8839.

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CLINICAL SERVICES Update

ED OBSERVATION UNIT

In an effort to increase efficiencies in the Emergency Department, the hospital has developed a plan to open an ED observation unit on the north end of 5 Memorial. The plan calls for 6 beds to be staffed 24/7 by RNs from the ED. This will allow patients to be evaluated over time without tying up a bed in the ED, thereby increasing the potential number of patients able to be seen in ED. This plan is also expected to decrease diversion hours, which will free up capacity in our system. This initiative has been in development for six months, with strong support

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CROUSE HEALTH FOUNDATION UPDATE

Tribute Evening: Set for Sept. 25; honoring long-time hospital volunteer and supporter Mary-Pat Donaldson Northrup and featuring entertainment by Grammy-winning musician Bruce Hornsby. More information at x7702.

Other News: The Foundation's 2009 Joan Fernbach Kingdon Award was recently presented to Nutritional Services staff member Marie Hinds, who received a check for \$500 for her focus on our patients and their families, with the goal of providing the best customer service possible.



MD HOTLINE 470-8000

To enhance communications with our physicians, Crouse Hospital provides you with a dedicated, physician-only phone number to call with any problem, concern or issue you may have. Call **470-8000** anytime (24/7) you have an issue with the hospital or any of the services we provide you or your patients.

CLINICAL SERVICES *Update* continued from page 1

from emergency department physicians and staff. The unit will open this fall.

For more info: *Mary Agnew, Chief Nursing Officer, x5989.*

PRESSURE ULCER PREVENTION

Crouse Hospital is focusing on the reduction of five potentially preventable complications (PPCs). These include pressure ulcers, urinary tract infections, pulmonary embolus/deep venous thrombosis, stroke and blood transfusion rate. Nosocomial pressure ulcers are potentially preventable complications, which cause unnecessary pain and suffering for patients. Crouse's nosocomial rate increased during the last quarter of 2008, and a multidisciplinary action group has been established to focus on pressure ulcer identification, treatment, documentation, prevention and education. The team will identify barriers and recommend appropriate resource allocation to reverse the trend. Team membership includes physicians, nurses, wound/ostomy nurses, skin care resource team members, nurse practitioners, dietitians, physical therapists and educational services, among others. Your help is needed to identify, document and appropriately treat all pressure ulcers present on admission (POA) to prevent nosocomial pressure ulcer occurrence.

INFECTION CONTROL REQUEST

A reminder: To maintain the health and safety of our patients and employees, if you are diagnosed with a communicable disease you are obligated to immediately notify the hospital. Contact should be made directly with the hospital's Infection Control Department at 470-7857, Monday through Friday on the day shift. For communication on other shifts contact the hospital operator at 470-7111 and request the on-call Infection Control provider. Please DO NOT come to the hospital to attend patients while you are ill. Once you are cleared to return to work, please forward necessary documentation to the Infection Control Office.

For more info: *Shelley Gilroy, MD, Medical Director – Infection Control, x7857.*

CHANGE IN RESTRAINT FORMS

When implementing the use of restraints, the Joint Commission requires that the licensed independent practitioner primarily responsible for the patient's ongoing care conduct an in-person evaluation of the patient in restraint or seclusion for behavioral health purposes within one of the following timeframes: four hours of restraint or seclusion initiation for patients ages 18 and

over; two hours of restraints or seclusion initiation for patients 9-17; one hour of restraint or seclusion initiation for patients under age 9. Note: In the absence of the licensed independent practitioner who is primarily responsible for the patient's ongoing care, his/her designee or other licensed independent practitioner may conduct the in person evaluation. To assist in the compliance with restraint documentation, the adult and pediatric restraint order forms were recently amended to include an attestation statement. Signature of the order attests that the patient had an in-person evaluation and that he/she is appropriate for restraint or seclusion.

For more info: *Jennifer Watkins, Director of Quality Improvement/Medical Affairs, x7122.*

Chief Nursing Officer *Update*

For many years, our nurses have provided exceptional patient care. We have set out to capture the essence of that work by developing a nursing philosophy



and model of care that is specific to Crouse Hospital. When we embarked on this process, we agreed that we wanted to create our own nursing model as opposed to applying one that was developed externally. The purpose of a nursing

model is to provide a roadmap to guide nursing practice. It identifies a common framework for nursing practice that has theoretical underpinnings and is integrated with our organizational mission and values. It also allows us to provide consistent clarity and sense of purpose in how we approach and care for patients and their families.

This has been organized as a project with opportunities for input from all of our nurses and other stakeholders. Along with our quality improvement department, we have conducted focus groups with our nurses to tap into our rich history and knowledge. Our goal to provide a draft of our nursing philosophy and model for which we will put out for internal comment this fall.

Mary Agnew, RN, MS, CNS, CNAA-BC
Chief Nursing Officer

SERVICE/PROGRAM *Updates*

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NUCLEAR MEDICINE UPDATE

The worldwide shortage of Mo99 used to make Tc99m – the main radioisotope used in nuclear medicine studies – continues into its third month. The large reactor at Chalk River Canada is still under evaluation, with certainty as to when or if it will return to service. At Crouse, we have switched some exams to other isotopes and have reduced dosage on other exams. To date, our local supplier has been successful in finding enough Tc99m to keep our operation going and we have not had to limit patients or cancel exams. We expect to be challenged in the upcoming months as the remaining reactors worldwide cycle through their scheduled maintenance shutdowns. Our Nuclear Medicine department will continue to work with suppliers to offer every possible alternative.

For more info: Brad Hellwig, Director of Medical Imaging, x7913.

IMPROVING SERVICES FOR IMPAIRED PATIENTS

Crouse Hospital's Senior Centered Care service has partnered with Aurora of CNY to develop a program to better address the needs of hearing- and sight-impaired senior patients. The focus of the collaboration includes improving methods for identifying patient hearing and vision loss, accommodating patients' functional disabilities and educating staff on methods for communicating with patients more effectively. Outcome measures include the Care Transitions Measure (CTM), patient satisfaction and referrals to Aurora for transitional services. CTM is a three-item measure that assesses the quality of care transitions and is a predictor of recidivism. The program, which is expected to be rolled out to staff later this year, is being funded by a grant from the Community Health Foundation of Western and Central New York and the Carriage House Foundation.

For more info: Christy Bond, Director – Senior Centered Care, x2910.

Joint Commission Alert!

USE QDAY (NOT QD)

Crouse Hospital's next (unannounced) Joint Commission survey will occur in 2010. One of the supplemental recommendations received as a result of our last survey centers around medical abbreviations. A main offender is the use of "QD" for "everyday." The hospital-accepted abbreviation for this is "QDAY." Please follow the hospital's DO NOT USE abbreviation list. In addition, legibility – not only in signatures but orders and progress notes – continues to be an area where improvements can be made.



MEDICAL STAFF LEADERSHIP UPDATE

The Crouse Hospital medical staff recently elected or re-elected the following:

James Mills, MD, President; **Hadley Falk, MD**, Vice President; **Michael Duffy, MD**, Secretary/Treasurer. In addition, the following have been re-elected as members-at-large: **Russ Acevedo, MD**, Department of Medicine/Critical Care; **William Berkery, MD**, Department of Medicine. The following were re-elected as Chief of their department for another 4-year term: **Shawky Badawy, MD**, Obstetrics/Gynecology; **Tom Green, MD**, Medical Imaging; **John Michaels, MD**, Family Medicine; **Tarakad Ramachandran, MD**, Neurology; **Hayes Wanamaker, MD**, Otolaryngology.

Welcome!

Endocrinologist **David DiCesar, MD**, has joined the practice of Internist Associates of Central New York, PC. Dr. DiCesar, who most recently was with the Joslin Diabetes Center at SUNY Upstate, has completed his Endocrinology Fellowship at SUNY Upstate. He holds a medical degree from the University of Debrecen in Hungary and completed a residency in Internal Medicine at SUNY Upstate.

Rabia Rizwana, MD, PhD, has joined Crouse Hospital's neurology service, joining Drs. Sami Malak and Jianxin Ma, MD, in providing a complete range of neurological and stroke diagnosis and treatment. Dr. Rizwana, who has just completed a Fellowship in Clinical Neurophysiology at SUNY Upstate Medical University, received her medical degree from St. George's University School of Medicine in Grenada. She completed her residency in neurology at SUNY Upstate Medical University.

AWARDS/RECOGNITION

CONGRATULATIONS TO...

David Martin RN, Infection Preventionist and **Shelley Gilroy, MD**, Medical Director of Infection Control, who presented posters at the Society for Healthcare Epidemiology of America's International conference held recently in San Diego. Martin presented "RSV in a Neonatal ICU: Report of Prevention Strategies to Control an Outbreak"; Dr. Gilroy presented "Mumps in a Neonatal ICU: Report of Prevention Strategies Implemented to Control an Outbreak."

Sami Malak, MD, and **Jianxin Ma, MD**, both with the hospital's neurology service and stroke program, have passed their stroke boards; Dr. Ma has also passed his neurophysiology boards.

The hospital's **CT** and **Nuclear Medicine** services have been awarded a three-year term of accreditation as a result of a recent survey by the American College of Radiology (ACR). ACR awards this designation to facilities that achieve high practice and quality standards.

CROUSE HOSPITAL MISSION

To provide the best in patient care and to promote community health.

QUALITY *Recognition*

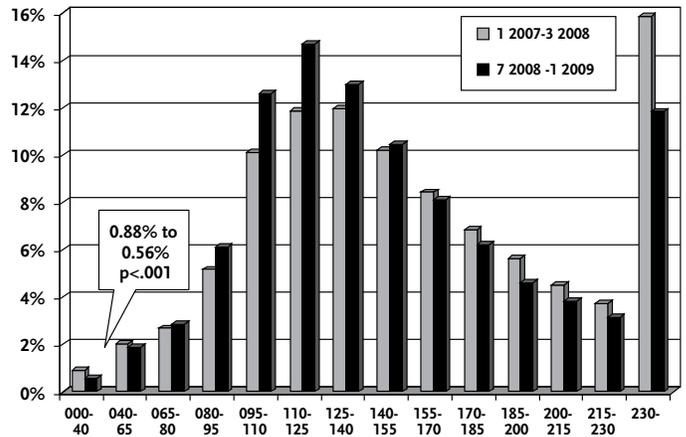
Crouse Hospital has received the **American Heart Association's Get With The Guidelines – Coronary Artery Disease Gold Performance Achievement Award**. The award recognizes Crouse's commitment and success in implementing a higher standard of cardiac care that effectively improves treatment of patients hospitalized with coronary artery disease. Crouse is the only Syracuse hospital to be recognized with this designation and will be included in an upcoming advertisement placed by the American Heart Association in U.S. News & World Report commending select U.S. hospitals for meeting its cardiac performance improvement standards.



The hospital's glycemic control program for adult medical/surgical patients has ranked in the top 10 percent of all submissions for this year's Pinnacle Awards, a quality improvement/patient safety initiative of the Healthcare Association of New York State. The hyperglycemia protocol project, implemented in June 2008,

has achieved a statistically significant improvement in the occurrence of hypoglycemia and hyperglycemia in Crouse patients. The incidence of hypoglycemia decreased from 0.88% to 0.54%; the incidence of hyperglycemia decreased from 24.1% to 17.74%; and the average daily glucose went from from 164.7 mg./dL to 154 mg./dL. These are all statistically significant improvements.

General Medical Surgical Floors



CROUSE HOSPITAL
Your care. In our hands.

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