Philanthropy in Action at Cadillac Hospital

Donor dollars have been put to many uses at the Cadillac Hospital recently. Here are some examples of what those dollars have been doing:

- $700,000 for ED renovation of the core area (nursing station), telemetry monitoring and equipment for rapid care rooms
- $1.6 million for a new MRI unit in the Pell Imaging Center
- $82,500 for a ManoScan Manometry System for use by general surgeons to further expand diagnostic options locally
- $100,000 for a new 3D Laparoscope in general surgery
- $175,000 for a third C-Arm
- $6,000 to send 30 nurses to the MCN Nursing Summit
- $5,000 to go towards the purchase of the Giraffe Incubator Care Station in the Family Birth Center
- $9,000 for trauma equipment in the ED
- $3,500 for the Diabetes Education program and integration into Patient Centered Medical Homes
- $15,000 to support physician recruitment and retention expenses
- $1,500 to purchase new side tables for infusion center chairs

There are many other areas donor dollars have been used such as in patient needs and the Cadillac Hospice program.

Just one donor dollar can make an incredible impact on the care our patients receive at Cadillac Hospital. As you can see above, many different areas of the hospital are impacted by donations received from employees, physicians and our community. Without these dollars, the Cadillac Hospital would not be able to provide the exceptional care that our patients receive now.

Thank you for your support!

Urgent Care Center
Coming in 2018

The Munson Healthcare Board of Trustees has approved the creation of an Urgent Care Center by Cadillac Hospital. Capital funding from Munson Healthcare will be used to provide this important service to our community. The Urgent Care Center will be placed on the hospital campus in the Roose Building directly across the street from our current Emergency Department. Designs are being finalized and we are soliciting bids from contractors. In the upcoming months further planning will take place to decide how to staff the urgent care center. Your feedback to the Medical Staff Leadership or to hospital administration is welcome during this process.

“This project will help our patients and local employers save a lot of time and money when we are facing such a shortage of Primary Care Physicians, especially important in this day of very high family deductibles. Having this locally will also assure patients that their Primary Care Doctor has all the information from that visit if or when they need follow-up.”

- Dr. Jim Whelan

Holiday December General Medical Staff Meeting

The next General Medical Staff Meeting is scheduled for Monday, December 11, 2017 at 6:30PM and will be held at Hermann’s European Café.
Excellent Place to Practice: We’re Listening

A piece of advice that I live by is to listen more. So please know that I, and Cadillac Hospital’s leadership team, are listening to the feedback that you shared in the recent Excellent Place to Practice survey that was conducted this spring.

We surveyed Cadillac Hospital’s medical staff (physicians, PAs, NPs, and CRNAs) to determine your satisfaction and engagement with our hospital. This survey was a follow up to the February 2015 survey and helps us to understand what we’re doing well and where there are opportunities for improvement.

In order to gather a lot of information, this was a long survey! Thanks to everyone who participated – of the 86 members of the Cadillac Hospital medical staff surveyed, 71 completed the survey (83% response rate). Your participation helps us to focus on the areas that truly matter to you. Thanks also to everyone who wrote in extra comments – hearing your voice helps me understand the results even more clearly.

The areas addressed in the survey included nursing, emergency services, radiology, pathology, anesthesiology, laboratory services, surgical services, medical records and information, and administration. Scores for many areas were improved from the February 2015 survey, but we still lag behind other hospitals within our system and nationally. When hospital users were asked about our hospital as a place to practice medicine, 35% of our providers answered “excellent,” compared to 25% in 2015. The three “key drivers” most influential in deciding how providers answered that question were:

- Hospitalist Services
- Emergency Services
- Administration

The number of providers who rated each of these three areas as “excellent” increased from 2015 to 2017, which is why we saw our overall “great place to practice” score improve.

After the 2015 survey, we received feedback from the medical staff and developed an action plan to improve results in the future. This fall and winter, we will be sharing these new results in greater depth with you at section meetings, at office meetings and one-on-one. I will develop a new action plan so that we can continue to improve the care environment for you and your patients. Most importantly, I want to listen more to you so that we can continue to work together to provide an excellent environment for patients to get care and for providers to practice.

If you have questions regarding the survey, please contact me at jsantangelo@mhc.net.
Improvement on Readmissions

Munson Healthcare Cadillac Hospital’s 30-day all cause readmission rates have increased. The CMS financial penalty has been imposed on the hospital multiple years in a row because of these elevated rates. The two diagnosis groups identified were Chronic Obstructive Pulmonary Disease (COPD) and total joint replacements.

Hospital Goal

- Reduction of all cause 30-day readmissions.
- No penalty accrual for readmissions.
- Consistently meet, or fall below, True North Score Card goals for readmissions in the system.

Pre-Work Readmission Analysis:

The hospital team, headed by Jacqueline Runyon RN, Transition of Care Coordinator, began by looking at each readmission individually to identify causes for the problem. While the reasons are varied, some common themes emerged. One theme is the need for good communication within the hospital walls, including interdisciplinary discussions about readiness for discharge and discharges at family request even when a patient may not be ready for discharge. Communication between the inpatient and outpatient world is similarly important, especially related to the timeliness of follow up care, the availability of medications and services immediately post-discharge, and the communication of in-hospital changes to outpatient providers. There are patient factors as well, including noncompliance and overutilization of the ED. Elective surgery patient selection was also an area of focus, as we know that getting patients healthier prior to elective surgeries can reduce readmissions. Finally, there are unmet community needs that also contribute to readmissions, including the lack of a palliative care program, a lack of standard chronic disease education throughout the community and a need for better understanding of the 30-day readmission penalty and its effect on the hospital.

Projected Penalty

- Fiscal year 2016 was $280,000.
- Fiscal year 2017 was $130,000.

Hospital Goal

- Reduction of all cause 30-day readmissions.
- No penalty accrual for readmissions.
- Consistently meet, or fall below, True North Score Card goals for readmissions in the system.

Actions

- Creation of Transition of Care Role, which is joint position between the hospital and PHO. This role is currently filled by Jacqueline Runyon, RN.
- Implementation of the Enhanced Recovery Program (ERP) for total joint replacements and inpatient general surgery patients. This is a large multidisciplinary team, which meets monthly. Accomplishments include improved patient selection, improved patient engagement, BMI and A1C protocols, mandatory preoperative education and face-to-face preadmission appointments, standardized medication protocols, decreased narcotic use preoperatively, pharmacy consults inpatient for chronic pain patients, encouraged smoking cessation, increased physical activity preoperatively, and post-discharge phone calls to patients for 1 month.
- Readmission review meetings for both orthopedics and medical diagnoses to establish learning opportunities to prevent future readmissions for same reasons. Action Items are created on all perceived preventable readmissions for follow up. Implementation of discharge readiness tool for inpatient nursing.
- Coordination with PCP Case Managers through PHO and other outpatient offices. Improved communication, especially for high-risk patients.
- Implementation and coordination with Indigo Case Manager.
- Coordination with local agencies, such as home health care, hospice/palliative care, skilled nursing facilities.
- New Utilization Review physician Dr. Omilusik for chart reviews.
- Community COPD work group between the hospital, PHO, home health care, hospice, respiratory therapy. Working to standardize educational materials and implement telemedicine to patients.
- Continual data presentation at quality meetings with hospital.

We are beginning to see a trend towards lower readmissions and are continuing to work on this important aspect of patient care. Please feel free to contact Jacqueline Runyon, RN, or Dr. Joe Santangelo if you have thoughts or questions.
Ahmed Saleh, MD
Hospitalist

Ahmed Saleh, MD is a new Hospitalist with iNDIGO Health Partners. He has Internal Medicine Core Privileges with Cardiac Exercise testing. He just completed his residency with Department of Internal Medicine with Wayne State University. Dr. Saleh was also a Visiting Research Scientist with the Yale School of Medicine.

“I believe that medicine is not only a science but also an art. My goals are to be the strongest advocate for my patients and to treat my patients as well as the Cadillac community as members of my family. My training in internal medicine at Wayne State University and my research at Yale University have helped translate the most advance state of the art research into clinical medicine. I have lived in many places around the world but I have not felt more at home than in Michigan. I’m proud and honored to be at your service and to be part of the Indigo/Munson team.”

No Longer Practicing in the Area
The following providers are no longer practicing in the area:
- Syed Hassan, MD; Hospitalist
- Joanne Root, DO; Hospitalist
- Alvin Robertson, MD; Hospitalist
- Nicholas Armstrong, MD; Radiologist (Telemedicine)
- Joanne Kingsley, MD; Obstetrician/Gynecologist
- Victoria Moser, NP; Emergency Department

Medical Staff Meeting Attendance Reminder
Munson Healthcare Cadillac Hospital Medical Staff bylaws require all active medical staff to attend at least one regular meeting per year. Please note the Medical Staff Meeting Schedule is available on the Intranet. If you have any questions on specific meetings, please contact Katie Gundersen in the Medical Staff Services Office.

Please note that every year in December we have a Holiday General Medical Staff Dinner Meeting at Hermann’s European Café. This year’s meeting is Monday, December 11 at 6:30PM. Please save the date and join us!

Dr. Greg Lambourne Receives Community Health Hero Award
Munson Healthcare Cadillac Hospital honored Greg Lambourne, MD, with its Community Health Hero Award, an award that recognizes individuals and organizations who contribute significantly toward improving the health and well-being of the community.

“It gives us great pleasure to present you with this award for your accomplishments and dedication to your community’s health and well-being,” said Chris Huckle, Chair, Community Health Committee during the presentation. Lambourne was nominated for 40 years of service to the community.

“Dr. Lambourne has been a physician in this community for 40 years,” Huckle said. “He has taken care of three generations of families and knows where they work, how they vacation, and how they have fun.”

Although Cadillac Hospital began using a hospitalist program for their inpatient care in 2012, Dr. Lambourne continues to make social rounds in the hospital every Monday, Wednesday, and Friday mornings to see his patients and to follow their recovery.

Throughout the years, he has also given his time to the Cadillac Hospital Executive Committee, PAMI Committee, and the Cadillac Hospital Foundation Board. He has served as the medical director of Autumnwood Nursing Home and is currently the medical director for Cadillac Hospice.

“It is an honor to be recognized in this way,” Lambourne said. ‘I have had a very fulfilling career helping to, improve my patients’ health and I have enjoyed guiding them through life’s medical

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