

the Pulse

December 2019

News for Munson Healthcare Grayling Hospital Medical Staff

HEALTH CARE TEAM

Great Place to Practice

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The Great Place to Practice (GPtP) survey is a helpful tool to identify actionable items to improve provider satisfaction. In collaboration with Christine Nefcy, MD, Munson Healthcare Chief Medical Officer, and system leadership, we have developed strategies to address gaps identified by the survey. Please let me, or your department leaders, know what is working as well as opportunities for improvement. We welcome your feedback!

As a direct result of provider feedback from the 2019 survey, we are taking the following actions.

Recognition

The majority of providers identified improved recognition as an opportunity so we will be implementing a new peer recognition program as well as we are now sharing kudos from our patients and their families.

- Peer recognition: Starting in Jan. 2020, a provider will be recognized quarterly as a *MHG Simply Amazing Provider* based on nominations from their peers, and award winners will be featured in our local Pulse newsletter.
- Patient and family recognition: To recognize the great work being done each day by our providers, we now share kudos from patients and their families with our providers weekly and personally thank them for their continued commitment to great patient experience and excellence in care.

Staying Informed

Another opportunity identified by the GPtP survey was that providers feel they are not receiving appropriate, timely information. Although our communication methods – such as email, the Pulse and FLASH Pulse newsletters, Compass, etc. – are great tools of delivery of information across our system, providers are asking for improved transparency and being included in these conversations.

In response to this, we have implemented a new format for the MEC where we discuss financials and recognize excellence. We then provide “MEC takeaways” that our physician leadership can share at their department meetings.

Another system goal is to keep providers up to date on EHR initiatives and changes, which is why we recently hired an IT/EHR liaison to facilitate two-way communication with our providers and to make sure your concerns are handled and escalated in a timely fashion. She will soon be rounding in our clinics and departments.

Escalating the EMR/Cerner concerns raised by our network providers we had:

1. Focused follow up and implementation for a team from the IT department at the Grayling clinic monitoring the usage and opportunities to improve and enhance the performance for the entire clinical team. We will share the results soon.
2. Roscommon clinic was facing numerous IT issues daily and after review they were placed on a separate server, which improved their workflow and reduced the interruptions due to the EHR and IT issues greatly.

We have had a strong interest and response to Foundations of Safety Culture training from the medical staff. Building a culture of safety and moving towards zero harm is a focus for us as an organization.

We encourage providers to provide feedback on these recently implemented processes.

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ED to Inpatient Throughput – Push vs. Pull

The movement of patients through the Emergency Department (ED) is crucial to the success of the department, and without proper throughput, the ED is at risk for overcrowding and increased wait times. Because the ED has the potential to reach capacity very quickly, throughput initiatives should be considered a proactive strategy to maintain a safe environment of care. **In an effort to improve patient throughput, on Oct. 1 the hospital started a new “push” process for inpatients being admitted from the ED.**

The new process focuses on T3 of the throughput process, which is the time from when admission orders are entered until the patient departs the ED and arrives to the inpatient unit. What we have done is switch from a “pull” to a “push” process, meaning that the ED is initiating the movement of the patient rather than the inpatient units.

This has been a very positive change for the Emergency Department. Anecdotally, we have witnessed decreased wait times and reduced pressure for providers and staff. For example, on Oct. 16 the ED experienced 61 visits, which is a high volume day. Of those 61 visits, 13 were admitted. Previously, high volumes would result in capacity issues and longer than ideal wait times, but this was not the case on Oct. 16 as staff in all areas took ownership of this new push process and applied it successfully.

We also recently obtained quantitative data that supports this qualitative data. In our first month (October), we experienced a decrease in average wait time by 25 minutes when compared to September, and 17 minutes less average wait time than October 2018.

From an inpatient perspective, working with the Emergency Department staff on this process has brought greater awareness to the benefits of a push system for patient throughput. We have partnered with our hospitalist team, house supervisors, and frontline nursing staff to improve our processes. Looking beyond decompressing the ED, this process improves the experience for the patient. Moving the patient to the appropriate floor, with the appropriate physicians, nurses, and support staff, as soon as possible makes good clinical sense. We are also moving patients to a setting suited to care for them for a longer period of time. Larger rooms, bigger beds, and a personal space, are all worthy reasons to quickly transfer ED patients to the appropriate inpatient unit, when appropriate.

A key partner in this process improvement has been our float nurses. Having a peer who routinely sees both sides of the ED/Inpatient dynamic has been powerful. The floats are able to help, in real time, explain the “why” behind expediting patient movement. This has proven to be very effective because it’s peer-to-peer and not a top down directive from senior leadership.

Operationally, it’s important that we’re efficient. The push method has already been proven to work in other areas of the hospital. For example, patient transfers from the OR to PACU use the push method.

The focus on improving ED throughput times has been a great example of how collaboration between nursing and medical staff can improve our patients’ lives.

CCCC Now Provides Respiratory Services

Crawford Continuing Care Center (CCCC) and Grayling Hospital’s Respiratory Department have partnered to offer respiratory services to our Rehab Residents.

We’re working together to increase our Residents’ quality of life through education on their disease process, medication administration, breathing techniques, and any other concerns that may occur because of their respiratory diagnosis. The goal of this joint endeavor is to reduce post-rehab hospitalizations by enabling Residents to have more training time and oversight while in our care.

Respiratory disease affects their entire healing process. Since launching this program Oct. 1, 11 Residents have participated in the program. Our goal is to see those referred within the first seven days of admission for at least three half-hour visits. This continues the respiratory care that began in the hospital and enhances their overall recovery.

The team works together with the Eldercare physicians and staff to make recommendations for the Resident’s respiratory program. We are proud to be on leading edge of health care in a LTC setting.

Thad Jackson, DO, Medical Director of Crawford Continuing Care Center, shared, “This has been a wonderful addition to our facility.”

MHC Grayling Hospital Designated as Blue Distinction Center+ Facility

Munson Grayling Hospital has earned the designation as a Blue Distinction Center+ (BDC+) from Blue Cross/Blue Shield for Hip and Knee Replacements and Maternity Care.

This designation is awarded to facilities and providers recognized for their *expertise and efficiency* in delivering specialty care. As a BDC+ facility we have met overall quality and cost measures that address consumers' need for affordable health care. We encourage our patients to contact their local Blue Plan to learn more about how our Blue Distinction Center+ designation could benefit them.

For more info: bcbs.com/blue-distinction-center/facility/results

HEALTH CARE TEAM

Welcome New Provider



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Emergency Medicine
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