carenews

together we are transforming the future of health care

february 8, 2016
volume 6 | issue 6

> "Our goal is to provide every patient the most optimal experience we can deliver. It is what our patients expect and what they deserve."

Good day!

HCAHPS, VBP, P4P…

Today's health care environment presents a virtual alphabet soup of new acronyms. But, behind these arcane terms are meaningful principles that we all need to understand—and to learn how we all make a difference in health care delivery. This column begins a series through which we will periodically address the importance of the patient experience.

Today, patient experience is measured using HCAHPS—Hospital Consumer Assessment of Healthcare Providers and Systems, an instrument developed by the Agency for Healthcare Research and Quality (AHRQ) on behalf of the Centers for Medicare and Medicaid Services (CMS). The data collected is used to publicly report hospital performance based on the quality of care as perceived by the patients. These public reports, according to CMS, enable consumers to make an informed choice about where they receive their health care services.

HCAHPS surveys are sent to discharged patients and ask 32 questions about their recent hospital stay using the following domains:

- Communication with doctors.
- Communication with nurses.
- Responsiveness of hospital staff.
- Pain management.
- Communication about medicines.
- Likelihood to recommend.
- Care transition.
- Cleanliness of hospital environment.
- Quietness of hospital environment.
- Discharge information.
- Overall hospital rating.

Patient perception matters, and when we are aware of our patients' perceptions of the care they are receiving, we can take measures to correct any negative habits and use the information as a learning tool to increase the quality of the care that we provide.

Consider this "story" of two women who were both patients at a Care New England hospital. They both received the exact same course of treatment from the exact same care team. Their outcomes were the same. Their medications were the same. Everything was

continued

In this issue:

continued

the same. They both received a patient satisfaction survey, and that's where their stories diverge. One patient said she had a wonderful experience and would definitely recommend this hospital to others. The other found that although she was feeling great, the communication with her nurses and her doctors was lacking, the hospital wasn't as clean as it should be, and she wasn't really clear about what to do once she was discharged—she said that she is not likely to recommend this hospital to others. It was all about the perception of care that mattered when each of these patients completed her HCAHPS survey.

Why does this matter? It is because we want to do the right thing. Our goal is to provide every patient the most optimal experience we can deliver. It is what our patients expect and what they deserve. But, there is an added dimension in today's environment. With HCAHPS, our reimbursement is directly related to each patient's perception of care. In other words, we are paid less for the patients who say they had a poor experience.

Federal dollars are tied to value-based purchasing, a CMS program through which hospitals are incentivized—or penalized—based on our performance in 12 clinical measures and nine patient experience measures. Through our contracts with Blue Cross, United and other private payers, we are on a pay for performance program, giving financial incentives to providers who are able to achieve performance standards on quality and cost measures. And don't forget consumer choice—patients choose to come to a Care New England hospital, or they choose not to. And with all of the data now available on the federal Hospital Compare website, consumers can compare hospital to hospital, provider to provider, making an informed choice of where they receive their health care services.

In recent weeks, we have reported on the extremely challenging financial environment for Care New England. We have an opportunity to maximize our payments when we provide care that our patients perceive as high quality and high touch. Indeed, I realize that we are all stretched in new and challenging ways these days. But, I know that each of you want the best for our patients and their families.

Our common goals around the ACT values—Accountability, Caring and Teamwork—serve as helpful reminders of how we can all be the best we can be. This year, our Care New England Exceptional Patient Experience Committee developed accompanying service standards that can help guide our interactions with others:

Accountability – I will always:
- Wear my badge so my name and role are visible.
- Use AIDET, teach back, and A+ service recovery (Every Person, Every Time) in all interactions. (Note: More to come on these important patient experience tools.)
- Act to protect patient privacy.

Caring – I will always:
- Be polite, respectful and professional in every interaction I have.
- Be attentive, smile, make eye contact, and acknowledge all customers and co-workers.
- Be mindful of "noise" and act to maintain a quiet, healing environment.

Teamwork – I will always:
- Identify myself and my department and ask, "May I help you?" when answering the phone.
- Refrain from personal conversations in areas where others may overhear me.
- Ask, "Is there anything else I can help you with?" at the end of interactions.
- Be professional and respectful in my use of voice mail, email and all other means of communication.

Thank you for all you do to live our ACT values and put the patient at the center of your work. Have a great week ahead!

Sincerely,

Dennis D. Keefe

Dennis D. Keefe
President and Chief Executive Officer

VNA of Care New England achieves 4-Star rating for patient experience measures

The VNA of Care New England is proud to announce it has achieved a 4-star rating for home health patient experience measures from Medicare, and is now available on the Centers for Medicare & Medicaid Services (CMS) Home Health Compare website (https://www.medicare.gov/homehealthcompare/search.html). The highest rating awarded in home health care is 5 stars.

VNA *of* Care New England
Skilled Nursing • Rehab Therapy • Hospice • Private Duty Home Care

To achieve this 4-star rating, the VNA adapted the CNE-wide initiative, Every Patient, Every Time (EPET), and added patient rounding. They have also piloted and adapted further initiatives since last fall. These initiatives are as follows:

Every Visit, Every Time (EVET)
A standardized approach to every patient visit by every clinical discipline visiting the patient, structured with scripted questions at the beginning and end of every visit. These questions focus on the patient's personal goals first, along with assessment of basic patient concerns (medication, elimination and pain). This initiative was vetted through the VNA Patient and Family Advisory Council. An example of a question that is now asked to every patient is, "What is your greatest need today?" The goal is to try to focus on the patients' needs, in addition to their specific physician orders.

Every Call, Every Time (ECET)
Standardized greetings for voice mail were rolled out last month to help reduce delays in responding to patients and families, while looking to improve the overall patient and family experience. Seven customer service standards are now followed. The Patient and Family Advisory Council provided feedback to the implementation team during the planning and design phase. Their suggestions were incorporated into the design of the greeting.

Strong team efforts and practice changes led to improvement with results over the 70th percentile in patient experience measures. A patient wrote to the VNA recently and said the following:

> *"Without exception—all nurses, physical and occupational therapists, and home health aides were wonderful. They were always informed, thoughtful, interested, knowledgeable and prompt. They listened."*

Congratulations to the VNA of Care New England for leading the way in home health experience measures!

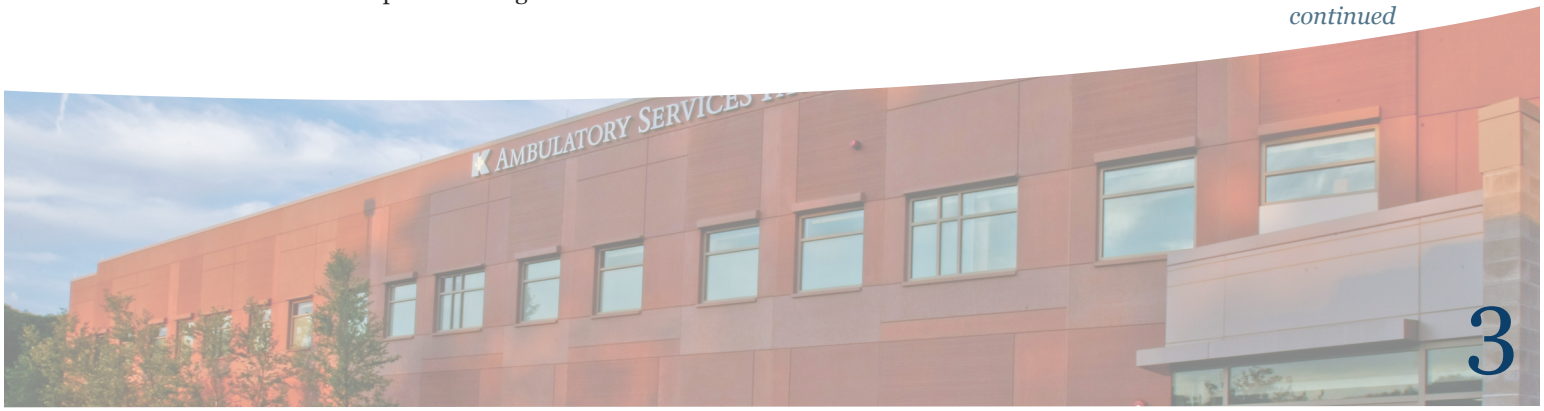
Women & Infants' researcher helps uncover more inherited mutations linked to ovarian cancer

Previous research has established a link between genetic mutations in the BRCA1 and BRCA2 genes to an increased risk of developing ovarian, fallopian tube or peritoneal cancer in women. A recent publication documents the efforts of a team of researchers affiliated with the Gynecologic Oncology Group (GOG) to determine if inherited genetic mutations other than BRCA1 and BRCA2 can also put a woman at risk of developing these diseases.

The team—which includes Paul DiSilvestro, MD, head of research with the Program in Women's Oncology at Women & Infants and professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University—published their findings in the article "Inherited Mutations in Women with Ovarian Carcinoma" in the recent issue of the *Journal of the American Medical Society*.

"Descriptions of the identity of these genes and their frequency was lacking in the medical literature," Dr. DiSilvestro explains. "The goal of this research was to better define these issues."

continued



continued

More than 1,900 women with ovarian cancer who were identified through the University of Washington gynecologic tissue bank and from various GOG clinical trials made up the study population. Information about mutation frequencies were compared with the National Heart, Lung and Blood Institute GO Exome Sequencing Project and the Exome Aggregation Consortium. Clinical characteristics and survival rates were assessed by mutation status.

What the evaluations revealed was that 18 percent of the women with ovarian cancer carried mutations in genes associated with ovarian cancer risk beyond the BRCA1 and BRCA2 genes.

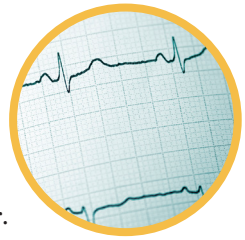
"The results of this trial expanded our knowledge of the genes that we suspect cause hereditary ovarian cancer, bringing the total to 11," Dr. DiSilvestro says, adding that, "Genetic testing should now begin screening for these nine additional genetic mutations so women carrying the genes can make educated decisions about their health care future."

A story about this new research development will be featured on WJAR-TV-10 tonight—tune in!

Butler In the News: Outpatient Detox Program

Director of Alcohol and Drug Treatment Services at Butler Mary Ella Dubreuil, RN, MA, LCDP, LCDS, recently spoke to *New England Psychologist* about the hospital's new Outpatient Detoxification Program. This novel program is providing new access to care for patients who may not have otherwise sought treatment in an inpatient setting. Dubreuil said, "What we're seeing now with opioid and pain medication, we're seeing people who never dreamed they'd have an addiction. These are not people who want to come into an inpatient unit. Some of the people I talked with said they would never have started a recovery program if it wasn't for (the outpatient) program. We're touching more lives this way." The article in *New England Psychologist*, published on February 1, goes on to explain that following detox, a patient may move onto Butler's Alcohol and Drug Partial Hospital program and take advantage of the full range of services offered by Care New England through Butler as well as The Providence Center.

Kent hosted education session for EMS community



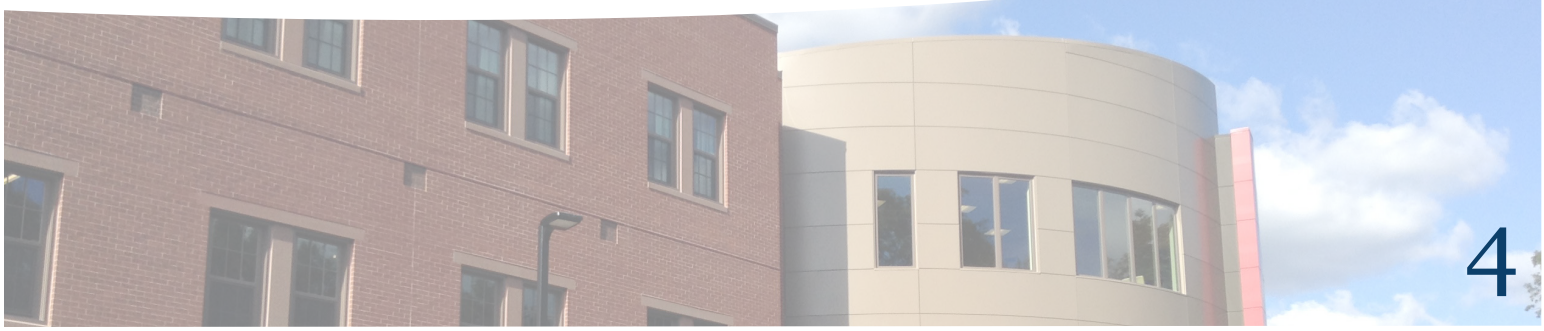
Kent Hospital recently hosted an education program for RI EMS discussing 12-Lead EKG recognition of STEMI and the importance of quick and accurate diagnoses for emergency angioplasty.

Last year Kent Hospital began performing elective angioplasty and will soon begin emergency angioplasty upon the completion of its new cath lab. In anticipation of providing this critical, life-saving procedure, the EMS community was invited to join Dr. Peter Graves, chief of the Kent ED, and others from the region for an important training.

Kent Hospital welcomed Bob Page, an international speaker and paramedic, who is an expert on the use of EKGs in the EMS setting. Page is known for his humor, high energy and advanced clinical knowledge gained from more than 35 years as a paramedic. His presentation was highly informative, with more than 50 first responders in attendance.

In addition to Page's presentation, attendees heard from Kent's Emergency Department staff and Care New England's cardiovascular service.

Since the implementation of the coronary angioplasty program at Kent in August 2015, more than 60 successful procedures have been performed by interventional cardiologists, Ed Thomas, MD, and Ashish Shah, MD, along with a team of highly trained nurses, technicians and other clinical support staff, who have been participating in additional and intensive training both locally at Kent and at Brigham and Women's Hospital in Boston, a clinical affiliate with Care New England.



Memorial academic social worker accepted into fellowship

Debra Moorhead, MSW, PhD, assistant professor (clinical) of family medicine, The Warren Alpert Medical School of Brown University, was accepted into the Society of Teachers of Family Medicine Behavioral Science/Family Systems Educator Fellowship. This competitive, year-long fellowship is for family medicine faculty who have responsibility for coordinating or teaching the behavioral science/family systems curriculum in their departments or residencies.

Preference is given to applicants with one to five years of experience as a faculty member.