

MARCH 12, 2018 | VOLUME 8 | ISSUE 11

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I hope you all remembered to set your clocks ahead this weekend.

Springing ahead is a great milestone on our calendar. It marks the close of winter and warmer days ahead (except for what's in store for us tomorrow!). I also believe it represents an important metaphor for all of us at Care New England. The concept of moving forward, looking ahead and leaving the past behind provides us with optimism and renewed energy for the challenges that still face us. The good news though, is these challenges have seen us come together with the common purpose of meeting key financial, quality and patient care goals. I hope by now you have seen the results. Each week I share them with all of you, along with key operational objectives for the week and next several months ahead.

Similar themes are echoed at Town Hall meetings and in other forums where we gather. I hope this is helpful and conducive to open discussion and transparency.

As we collectively spring ahead this weekend, the progress we are making together as CNE moves forward is both vitally important and rewarding to share with all of you because you are making it happen. I believe we have created some real progress and momentum to further carry us into the year ahead. As you know, we are doing great work for our patients and we are doing it with an attitude of teamwork and true cooperation. You also know that there are other exciting opportunities ahead—opportunities for growth, enhanced care and access in the local setting.

As you set your clocks ahead Saturday night, or if you forgot and found yourself in confusion come Sunday morning, just remember the reward you got in the evening when the sun stayed out for just a bit longer—it's a great feeling. It's also a great feeling to move CNE forward with all of you who work so hard every single day!

P.S. The first day of spring arrives Tuesday, March 20!
Have a great week!

Sincerely,

James E. Fanale, MD
President and Chief Executive Officer

ConvergenceRI
VIEW THIS WEEK'S EDITION HERE

Integra brings care management to skilled nursing facility patients



For Julie Ferrante, RN, the initials “RN” could stand for Roving Nurse, or Roving SNF Nurse to be more precise. Julie’s role—one of the newest within Integra’s Complex Care Management (CCM) team—is to ensure optimal care planning and integration for Integra members in skilled nursing facilities (SNFs).

The average length of stay at a skilled nursing facility is 14 days. During those two weeks there are often medication corrections, rehabilitation services, and other therapies. Julie’s collaboration with SNF care teams, primary care physicians, social workers, and outpatient services/resources, help minimize patient stays and for patients to return to the community as safe as possible, reducing readmissions.

Julie explains the process, “When I receive an alert from either RIQI (Rhode Island Quality Institute) or the hospital stating an Integra CCM patient has been admitted or discharged from the hospital, I follow-up to find which skilled nursing facility they have been transferred to.”

Julie makes sure every patient discharged from a SNF has the right equipment and services required for a safe and comfortable transition home. Depending on patient needs, services can include visiting nurses, palliative care, hospice care, outpatient rehabilitation, IV therapy, or transportation. Most importantly, Julie schedules a follow-up appointment with the patient’s primary care physician within two weeks of discharge from the SNF.

Bridging the SNF/PCP Communication Gap

Bridging the communication gap that can develop when a patient enters a SNF is an essential for positive long-term outcomes.

Within EPIC, Julie records the patient’s status, potential SNF discharge date, anticipated needs, medication changes, and any new diagnosis. This gives the primary care physician a clear understanding of the patient’s condition prior to SNF discharge and to the PCP can identify ongoing treatment needs and spot potential problems prior to the follow-up appointment.

Identifying Patient Needs

On average, Julie handles 50 cases per week, seeing each patient once or twice a week while they are within a skilled nursing facility.

“I try to participate in as many care plan meetings as possible with the patient’s assigned nurse care manager and care team (i.e. outpatient services, hospice, speech therapists). As a group we are always working to best address the individual’s specific needs,” said Julie. “My prime concern is patient safety. Often that means transitioning a patient home with the proper physical therapy or other services arranged. Sometimes patient safety means knowing when a patient is not ready to be discharged from the SNF.”

Upon discharge, an Integra nurse care manager becomes the main point of contact for the patient.

Making a Difference

Julie recalls her experience with one patient that captures perfectly the role she can play in ensuring patients get the care that is best for them:

“The patient had a new diagnosis of a frontal lobe mass and was pending radiation therapy. He was scheduled for a discharge in two weeks. I discussed his medication changes and status with his PCP who agreed it was not safe for the patient to return home and that the best course was to arrange a long-term stay within the SNF.

“I worked alongside the SNF case manager to complete his Medicaid application which allowed the patient to remain in the SNF long-term. Transportation to and from the SNF to his radiation therapy was also provided. Had we not submitted for Medicaid, the chances of him attending his radiation appointments were miniscule as his care taker, his wife, suffered from dementia and was unable to drive.

“If this patient had been discharged as planned, he most likely would have been back in an emergency room within a few hours.”

Women & Infants' Prenatal Diagnosis Centers achieve ultrasound accreditation

Women & Infants Hospital's Prenatal Diagnosis Centers in Providence, RI and North Dartmouth, MA have achieved re-accreditation from the Ultrasound Practice Accreditation Council of the American Institute of Ultrasound in Medicine. This accreditation is in the specialties of adjunct detailed fetal anatomic ultrasound level 2 ultrasound studies and first, second, and third trimester obstetric ultrasound.

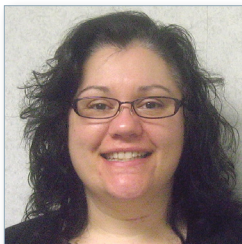
The Prenatal Diagnosis Centers achieved this recognition by meeting rigorous voluntary guidelines set by the diagnostic ultrasound profession. All facets of the practice were assessed, including the training and qualifications of physicians and sonographers; ultrasound equipment maintenance; documentation; storage and record-keeping practices; policies and procedures to protect patients and staff; quality assurance methods; and the thoroughness, technical quality, and interpretation of the sonograms the practice performs.



"Ultrasound is one of the most common tests during pregnancy for women who are at high risk or low risk of complications. It is an invaluable tool in obtaining much-needed information about a baby's anatomy and structure, particularly if there is concern about fetal problems based on other prenatal tests, genetic risks, medication use, or a medical condition," said Stephen R. Carr, MD, director of Women & Infants' Prenatal Diagnosis Center and Maternal-Fetal Medicine Diagnostic Imaging. "This accreditation in obstetric and fetal ultrasound is a testament to the talent and commitment to excellence of each and every one of our staff in the Prenatal Diagnosis Center."

The Prenatal Diagnosis Centers (PDC) offer specialized services, comprehensive screening, and counseling to help pregnant women and their health care providers better understand a potentially high-risk pregnancy. The PDC is staffed by nurses, genetic counselors with master's degree training in clinical genetics, and obstetrician-gynecologists with further training in maternal-fetal medicine, a sub-specialty of obstetrics that focuses on pregnancies with maternal or fetal problems.

Care New England colleagues attend homeland security training



Clinical educator Nicole Hebert from Kent Hospital and safety officer John O'Reilly from Women & Infants Hospital recently completed an intense training program offered by the Center for Domestic Preparedness (CDP), in Anniston, AL. The CDP is operated by the United States Department of Homeland Security's Federal Emergency Management Agency and is the only federally-chartered Weapons of Mass Destruction (WMD) training facility in the nation.

The extensive program consisted of three classes conducted over the course of an entire week where students learned in a realistic health care environment. With the focus placed on Hospital Emergency Response Team (HERT) training, Hebert and O'Reilly worked collaboratively with 33 health care professionals from the newly formed Rhode Island Decontamination Alliance. This mixture of clinicians, administrators, public officials, and emergency responders engaged in an active learning process where realistic simulation was achieved by using a former hospital facility complete with patient rooms, a fully functioning ED simulation center, a hospital command center, and several mark-ups which aid in the effectiveness of the training.

According to Hebert and O'Reilly, the training was extremely comprehensive and will be beneficial to the hospitals' emergency preparedness training and readiness programs.

WOMEN & INFANTS

Dr. Erika Werner named interim director of Division of Maternal-Fetal Medicine

Erika F. Werner, MD, has been named interim director of the Division of Maternal-Fetal Medicine in the Department of Obstetrics and Gynecology at Women & Infants Hospital.

Dr. Werner is an associate professor of obstetrics and gynecology and associate professor of epidemiology, Research Scholar Track, at The Warren Alpert Medical School of Brown University. She has been a tremendous asset to the department and the institution since her arrival in 2013.

Board certified in obstetrics and gynecology and in maternal-fetal medicine, Dr. Werner's research and clinical interests include obstetrical complications of obesity, gestational diabetes, operative deliveries, and preterm birth. She has also published extensively on cost effective medical practices.

We are grateful for Dr. Werner's expertise and leadership as we conduct a national search for a permanent division director.

KENT

Kent Hospital Emergency Departments holds open house

Looking to make a change? Registered nurses with at least two years of medical/surgical experience are welcome to tour Kent Hospital's Emergency Department (ED), speak with the current ED nursing staff, and interview on-the-spot with the ED leadership team. Tours will be held on **Thursday, March 15 beginning at 2 p.m. and 4 p.m.**

Please RSVP to Darcy Abbott by Wednesday, March 14 at dabbott@kentri.org.

WOMEN & INFANTS

Schwartz Center Rounds—"Lights, Camera, Action: When the Patient Presses Record"

All caregivers are invited to attend the next Schwartz Center Rounds, "Lights, Camera, Action: When the Patient Presses Record" on **Wednesday, March 14 at 12 noon** in the Malcolm and Elizabeth Chace Education Center, South Pavilion, Auditoriums 1 and 2. Upon conclusion of this activity, participants should be able to:

1. Describe how to access assistance and report concerns within our hospital system.
2. Identify resources you can engage to support your safety.
3. Explain strategies you can employ to support a safe environment.
4. Discuss coping strategies and methods of self-care you can utilize. 