Telemedicine at Fort Hamilton ER

Exhausted?
Preventing Burnout

Prepare for ACA Now
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“I did not sign up for this!”
Mitzi Johnston, MD, describing a common feeling among burnout physicians (pg. 5)

“This has resulted in more than 2,000 births worldwide.”
Jason St. Pierre, Ph.D., noting the success of oocyte cryopreservation (pg. 8)

“He knew each of us even before we were born.”
David Doucette, MD, on Christ’s love for humanity (pg. 15)

“We’re being utilized in so many areas.”
David Grigg, MD, when asked about the current role of anesthesiologists (pg. 22)

“Information from a patient’s visit in the network is just a click away.”
Bryan Beer, referring to the capabilities of MyChart (pg. 8)

“Seeing Macey made my whole day…I got two kisses from her!”
Rehab patient, when asked about animal assistant therapist dog, Macey (pg. 27)
Telemedicine Arrives at Fort Hamilton

Robot brings stroke specialists into ER

A 75-year-old female comes into Fort Hamilton Hospital’s ER one night with stroke-like symptoms—slurred speech and right arm weakness. The ER physician immediately performs a neurological assessment and a physical exam, and determines stroke symptoms are present. Since the patient is within the onset window of three hours or less, she is a potential candidate for an intravenous injection of tissue plasminogen activator (tPA), the clot-busting drug.

Since the patient presents with stroke-like symptoms, she is immediately sent for a CT scan. While she has the scan, the ER physician contacts stroke specialists. The ER physician then describes the patient’s symptoms and vital signs. Based on that information, the stroke team is able to assess the patient.

Even though the stroke specialists are at least 20 miles away from Fort Hamilton Hospital, a physician is able to look at the patient in a matter of minutes thanks to a robot. Called SPOT — Stroke Program Optical Telecommunication — this robot allows stroke specialist physicians to perform a virtual physical exam.

“SPOT allows the stroke team to see and speak with the patient,” explains Marcus Romanello, MD, medical director at Fort Hamilton’s emergency department. “The ER physician and the stroke physician together can determine the appropriateness of the clot-busting drug tPA. It’s cutting-edge stroke care in a community hospital.”

How the robot works

The robot is equipped with a high-definition camera outfitted with zoom and wide-angle lenses and a microphone. The patient can see the physician on the robot’s monitor. The physician uses a computer and webcam to control the robot to rotate around and zoom in to see the patient.

“The physician, no matter where he or she is, can tell if the patient has asymmetric pupils, which is a potential indicator of stroke,” says Dr. Romanello. “For certain movement tests, for example, if the physician wants the patient to wave some fingers or hands to see if the patient can see them, the nurse can help facilitate that. The nurse at the bedside can facilitate anything that may be difficult to accomplish without the physician being present.”

According to Dr. Romanello, a stroke assessment can be performed via the robot. The physician can even display words on the screen for a patient to read to determine if the patient’s right arm weakness.

“Possible specialties include rheumatology or infectious disease — specialties that are not common in smaller hospitals or smaller communities,” says Dr. Romanello. “This allows us to bring expertise from those sub-specialties directly to the patient’s bedside.”

Future of stroke telemedicine

Telemedicine is proving to be a valuable tool at hospitals like Fort Hamilton that do not have stroke physicians on call 24/7.

Four Kettering Health Network hospitals—Kettering, Sycamore, Grantview, and Southview—are recognized as Primary Stroke Centers and have neurologists on staff that come to the ER in a rapid manner to personally examine and treat the potential stroke patient. Telemedicine is appropriate for hospitals and ERs that do not have neurologists on call for the stroke team rapid response.

Dr. Romanello views stroke telemedicine as a potential model for specialist physicians to use to serve smaller hospitals in other areas of medicine.

Are You Exhausted?

Preventing Physician Burnout

Mitzi Johnston, MD, Past Chief Medical Officer, Greene Memorial Hospital and Soin Medical Center

To meet my productivity, goals, I was seeing three patients an hour with work-ins in the office, but then my evening is spent slogging through the electronic record documenting everything needed to protect me legally and to be sure my patients get quality, high-standard care as reviewed and judged by some pencil pusher with half my education and experience who works 9-5 with breaks and lunch. I did not sign up for this!

Do you hear yourself making comments like this? What happened to “I want to help people, save lives, stamp out illness, and feel good about it?”

Physician burnout is an area of growing focus in the medical community. Physicians are a strategic resource and need to be cultivated.

Many physicians started medical school with humanistic, elevated goals and have discovered that medicine has changed beyond all recognition since that time. Medicine is the business of making people better. We need to figure out:

1. How to do the business of medicine
2. How to be sure everyone does their part
3. How to pay for the business of medicine without bankrupting all involved

Those steps require a sharp, healthy, engaged physician.

Who’s burned out?

Our field is huge and growing. It is demanding and throw critical decisions at us every day. Unfortunately, it also provides the potential for professional and personal burnout. Recent surveys show that one out of every two physicians admits to current or past symptoms of burnout. These physicians report being tired, overworked, and discouraged on a daily basis. The majority of physicians say that the situation is getting worse—not better.

Physicians are unhappy with the paperwork load, long hours, call expectations, malpractice risk, and administrative demands. In other professions, burnout, longevity, and stress are problems, but not as critically as they are in the medical field. It is costly to train a doctor. After an investment of seven - ten years, they are still new and need experience. Burnout lowers the work life expectancy, and if new physicians only practice for ten years, our community is in trouble. We don’t have enough doctors now. We cannot afford to have physicians leaving their practice at 30 or even 50 years of age. We need them to work coherently, energetically, and happily well into their 60s.

While each facility in our network has a physician wellness function, entry into these programs is typically precipitated by a catastrophic incident of some kind. We should learn to work in a truly better way and, as far as may be possible, not let the stress from our work develop into burnout—a more severe problem.

One of Kettering Health Network’s strategic goals is to have an engaged workforce through mission and culture. Physicians are an important part of that goal.

Creating a team of support

We need you—happy, healthy, and working at what you love to do. So, how do we support our physicians?

By a strong, organized, consistent, and available support program— one that physicians can live and daily interact with, not just when they have a potentially career-ending event. Soin and Greene, as well as every other facility in the network, are looking for interested physicians who want to be part of a wellness committee that can develop a program to keep our physicians healthy and actively engaged in the business of health care.

Our goal is to develop an approach to care for our physicians in a way that keeps every one healthy, all the time. We value your participation and invite you to be a part of our wellness committee. We want you not just for the challenging cases, but also to help us guide and improve the health of our healthcare environment.

Contact the Greene and Soin medical staff office for information and email physiciansquarterly@khnetwork.org with your input on this continuing series.

Mitzi Johnston, MD, Past Chief Medical Officer, Greene Memorial Hospital and Soin Medical Center

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Contact the Greene and Soin medical staff office for information and email physiciansquarterly@khnetwork.org with your input on this continuing series.
The Affordable Care Act: 3 Ways to Prepare

The Affordable Care Act plans to provide health insurance coverage to all Americans. While many facets of the law have already been put in place, several key pieces will come into play in the coming months.

Timeline of Healthcare Changes

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<th>October 1 2013</th>
<th>January 1 2014</th>
<th>January 1 2015</th>
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<tr>
<td>Individuals can begin to choose their health plan coverage in the Health Insurance Marketplace—a set of government regulated and standardized healthcare plans—which opens in 2014.</td>
<td>Physicians who provide higher quality care now receive higher payments than those who provide average quality care.</td>
<td>By 2015, all physicians are required to have electronic medical records. Electronic medical records increase the efficiency of healthcare information exchange with other physicians and hospitals. “Electronic medical records are the foundation for the future of physician communication,” says Robert Sawyer, MD, primary care physician at Sycamore Primary Care Center. “In order to move forward with that foundation, we must collaboratively work with Information Systems and vendors on how to interface electronic medical records across hospitals, outpatient services, and long-term care facilities.”</td>
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<tr>
<td>Insurance companies are no longer able to refuse to set coverage or renew policies to individuals based on their gender, preexisting conditions, or participation in a clinical trial.</td>
<td>Annual dollar limits on the amount of coverage an individual may receive are prohibited.</td>
<td>A physician is no longer able to provide care for just his or her “sick” patients. Physicians are now part of a team of healthcare providers, and patients increasingly expect to be cared for beyond a facility’s clinical walls. The Affordable Care Act plans to provide health insurance coverage to all Americans. While many facets of the law have already been put in place, several key pieces will come into play in the coming months. “Because of the large number of previously uninsured Americans, we can expect a significant influx of patients to primary care physician offices.” says Paul Martin, DO, national president of the American College of Osteopathic Family Physicians and primary care physician at Providence Medical Group’s Family Care Center. “It’s important that both primary care and specialist physicians analyze their current office operations to prepare for this change.”</td>
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<td>Tax credits become available for individuals who approximately earn between $10,750 and $43,000 and families who approximately earn between $22,000 and $88,000.*</td>
<td>Most individuals who can afford basic health insurance are required to obtain coverage or pay a fee.</td>
<td>Clinical integration allows physicians to manage a patient’s continuum of care by working together to negotiate for commercial contracts as a unit for a quality-enhanced fee schedule. Physicians also govern a clinically integrated network. A balanced partnership of clinically integrated physicians and hospital system administrators will be crucial in order to work through healthcare reform. “We’ve got to be more involved and work with each other to successfully navigate through these healthcare changes.”</td>
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<tr>
<td>Individuals who approximately earn less than $14,000 and families who approximately earn less than $29,000 are eligible to enroll in Medicaid.*</td>
<td>The second phase of the small business tax credit begins for qualified small businesses and small non-profit organizations. The credit is up to 50% of the employer’s contribution to provide employees with health insurance.</td>
<td>“We’ve got to be more involved and work with each other to successfully navigate through these healthcare changes.”</td>
</tr>
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To learn more about the Affordable Care Act’s timeline of upcoming changes, visit healthcare.gov/law.

How to prepare: Ask yourself these questions.

1. Do you have the capacity to take on new patients?
   Approximately 14-16% of Ohio’s population is uninsured—nearly 2 million individuals—according to the 2011 state census. Beginning January 1, Americans will be required by law to have health insurance coverage or pay a fee. “Because of the large number of previously uninsured Americans, we can expect a significant influx of patients to primary care physician offices,” says Paul Martin, DO, national president of the American College of Osteopathic Family Physicians and primary care physician at Providence Medical Group’s Family Care Center. “It’s important that both primary care and specialist physicians analyze their current office operations to prepare for this change.”

2. Do you use electronic medical records?
   By 2015, all physicians are required to have electronic medical records. Electronic medical records increase the efficiency of healthcare information exchange with other physicians and hospitals. “Electronic medical records are the foundation for the future of physician communication,” says Robert Sawyer, MD, primary care physician at Sycamore Primary Care Center. “In order to move forward with that foundation, we must collaboratively work with Information Systems and vendors on how to interface electronic medical records across hospitals, outpatient services, and long-term care facilities.”

3. How are you navigating clinical integration?
   A physician is no longer able to provide care for just his or her “sick” patients. Physicians are now part of a team of healthcare providers, and patients increasingly expect to be cared for beyond a facility’s clinical walls. “We’ve got to be more involved and work with each other to successfully navigate through these healthcare changes.”

Want to further discuss the Affordable Care Act?
Email your comments to physician.quarterly@khnetwork.org.

*Based on 2010 data.

To discuss these healthcare changes.

Thomas Sargero, MD, past chief of staff at Fort Hamilton Hospital and internal medicine physician at Associates in Adult Health Care. “Physicians drive health care so we must work with hospital administration on the many levels of patient care.” Communicate with your physician and administrative leaders on ways you believe will assist in becoming more clinically integrated.

“Because of the large number of previously uninsured Americans, we can expect a significant influx of patients to primary care physician offices.”

-Paul Martin, DO

We’ve got to be more involved and work with each other to successfully navigate through these healthcare changes.

-Robert Sawyer, MD

Electronic medical records are the foundation for the future of physician communication.

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-Robert Sawyer, MD
MyChart Saves Physicians Time and Money
More patients have access to portal following Epic upgrade

MyChart is a powerful tool for communicating with your patients and connecting them to their care. It helps patients stay up-to-date on their current health issues, and its electronic communication features help clinicians deliver care more effectively and in less time than with telephone calls and paper handouts.

Since the May upgrade to Epic 2012, more Kettering Health Network patients have access to MyChart. Now an enrollment code is offered to every patient who registers or presents at an emergency room within Kettering Health Network. Since 2012 many Kettering Physician Network practices have offered MyChart. The network expects thousands more to register for the service in the coming months. Later this year, Kettering Health Network will begin the first stage of the Medicare and Medicaid Electronic Health Record Incentive Program. This stage will require Kettering Health Network to meet multiple objectives to demonstrate the network’s “meaningful use” of electronic health records. This includes objectives directly related to providing patients access to their health information in MyChart.

Oocyte Cryopreservation Added to Reproductive Services

Kettering Reproductive Medicine is pleased to announce the addition of oocyte cryopreservation to our current list of reproductive services.

Recently, advances in oocyte cryopreservation have resulted in improved survival and success utilizing cryopreserved/thawed oocytes in vitro fertilization (IVF) cycles. The advent of this new and improved method of preserving oocytes, known as vitrification, has resulted in over 2,000 births worldwide.

Patients wishing to have their oocytes cryopreserved will experience ovarian stimulation similar to standard IVF patients. Once this is completed, patients have an oocyte retrieval procedure to harvest the oocytes. The oocytes then go through vitrification and are stored until needed in cryo-storage. At the request of the patient, oocytes are thawed and undergo intra-cytoplasmic sperm injection with their partner’s sperm to assist with fertilization. Resulting embryos are cultured and eventually, a select number of embryos are transferred to the patient’s uterus to establish a pregnancy as it is typical for conventional IVF cycles.

This exciting new technology allows Kettering Reproductive Medicine to assist patients receiving gonadotoxic chemotherapy or radiotherapy for cancer or other diseases, patients who cannot or wish not to cryopreserve embryos, and potentially for elective cryopreservation to defer childbearing.

Human oocyte cryopreservation has been attempted for decades with very low success rates. This poor success is mainly due to the application of standard cryopreservation protocols and techniques in cryopreserving human embryos to freezing the uniquely different human oocyte. But with new techniques, we can now offer patients a life-changing service.

Symphony Community Connect Program Offers Epic to Physician Practices

Bryan Beer, Director, Epic Ambulatory Services

Kettering Health Network’s implementation of the Epic system has mirrored a national trend in the establishment of electronic medical records. Already live at all of the network’s hospital’s, Epic has been deployed in the majority of Kettering Physician Network sites, including all of the network’s primary care locations and a number of specialties including OB/GYN, Cardiology, Orthopedics, Wound Care, Pain Management, Pulmonary, and others. Through the Symphony Community Connect program, Kettering’s network team can deploy the Epic system in physician offices throughout the Greater Dayton area.

Kettering’s Epic system seamlessly blends registration, scheduling, and billing with clinical documentation and ordering. While most EMRs boast these capabilities, what makes Epic stand out is the concept of “one patient, one record.” This means that information from a patient’s visit in the network—whether inpatient, outpatient, or ancillary services like lab or radiology—is just a click away. The ability to coordinate patient care throughout the network results in higher quality care for your patients. Government programs like Meaningful Use have distributed millions of dollars to physicians and practices. Epic is a fully certified system and over 90% of the providers on the Kettering system have qualified for Meaningful Use. While time is running short on the program, you still have a chance to collect these payments before the Centers for Medicare and Medicaid payment penalties kick in. In addition, as we look to the future and the growth of Accountable Care Organizations and Clinical Integration, usage of the Epic system will position your practice for these programs.

To find out more information, inquire about pricing, or to schedule a demo, please contact me at bryan.beer@khnetwork.org or visit symphonycommunityconnect.com

Epic Upgrade Success; ICD-10 & Clinical Integration on the Horizon

Charles C. Watson, DO, Chief Medical Information Officer

Kettering Health Network successfully completed the Epic upgrade to the 2012 version on May 12. We worked through some minor glitches and efficiencies, but the upgrade went very smoothly overall. A big thank you to our attending physicians and resident super users—without them we would not have experienced our level of success. We continue to optimize Epic 2012, but will also turn some of our attention to several upcoming projects.

ICD-10 is a big project for physicians as we replace our current ICD-9 coding with the more detailed ICD-10 coding. Epic and Kettering Health Network are planning to provide electronic tools to help physicians with the transition. However, significant physician orientation and training will also be required and provided.

The clinical integration of physicians and the hospital will also require software tools to collect, analyze, and report data from both the inpatient and ambulatory environments.

Also, as some of you have heard, Clinical Workstation will be sunsetted on September 30 and replaced by Data Arc—the new historical (before Epic) clinical data repository. This software will be available for end user physicians on July 15. The overlap for Data Arc and Clinical Workstation will allow for retraining of Data Arc based on physician input prior to the sunsetting of Clinical Workstation.

If you have questions or suggestions for Epic or Data Arc optimization, please contact me at Charles.Watson@khnetwork.org

Oocyte Cryopreservation Added
to Reproductive Services

Jason St. Pierre, PhD, High-complexity Clinical Laboratory Director, Kettering Reproductive Medicine

Kettering Reproductive Medicine also offers:

• Semen cryopreservation for fertility preservation
• In vitro fertilization
• Blastocyst/embryo cryopreservation
• Andrology services/semen testing

For more information call Kettering Reproductive Medicine at (937) 395-8444.
How Engaged Do You Feel?

Network physician survey shows near-top quartile national results

Greg Wise, MD, Past Vice President of Medical Affairs & Chief Medical Officer, Kettering and Sycamore Medical Centers

Last November all hospitals across the network enlisted Press Ganey to administer the biennial survey of our medical staffs. This was the first time that all network hospitals participated in a uniform and systemic fashion to assess physician opinions and to identify a partnership and engagement score.

As a new hospital, Soin Medical Center did not participate in the survey as there was not enough time to identify a core group of physicians.

The results showed an overall partnership score in the 74th percentile across our network physicians—only one point below top quartile nationally.

Strengths were identified in the categories of communications and collaboration. The medical staff highly rated the communication between themselves and hospital administration, the visibility and accessibility of hospital administration, and the degree to which physicians are involved in decision-making at the facilities.

Opportunities for improvement were not necessarily low-scoring items, but were simply items that comparatively scored lower than strengths. Interestingly these opportunities were also in the categories of communication and collaboration. They included the degree to which physicians are treated as valued members of the medical staff, the responsiveness of hospital administration to ideas and needs of the medical staff, and the degree to which hospital administration seeks mutually beneficial solutions to physicians’ issues.

Each of the hospitals has reviewed its own data as well as the network results. Information has been shared with the medical staff executive committees and at quarterly medical staff meetings as directed by the medical staff leaders. The executives of the hospitals, in conjunction with the medical staff leadership, have developed action plans to effectively address the concerns that may have been identified either in the standardized questions or through the written comments.

Network physician engagement initiatives

• **Medical staff alignment**
  - On a quarterly basis, the medical staff leadership, including the chiefs of staff and the chiefs of staff of each hospital, meet with each hospital president, network president and CEO. These discussions are quite open and have led to several developments which will help align the medical staff, such as standardization of bylaws, categories of membership, a single code of conduct, and the establishment of network committees such as medical records.
  - **Medical staff education**
    - Medical staff leaders are invited to off-site educational programs where pertinent topics affecting credentialing, healthcare reform, legal requirements, and governance are covered in mutual dialogue with hospital administrators.
  - **Physician Hospital Alliance clinical integration program**
    - The Physician Hospital Alliance has been active for quite some time in establishing a program of clinical integration that involves improving population health within the opportunities of healthcare reform. Physician leadership in that process has been critical.
    - Because hospitals take care of patients, the opinions and support of the medical staff are keys to our success. Please continue to give us your thoughts, ideas, and most of all your involvement as we work together to improve the care of our patients.
    - Take the opportunities to be involved in committees, councils, departmental meetings, quarterly medical staff meetings, and leadership positions. Partners share outcomes and accountabilities.

Achieving Top 10% Together

Our hospitals and service lines frequently receive awards, certifications, and other honors. But what do these awards tell us about how we deliver care? How does every physician and employee in the network contribute to these recognitions? How do we make sure every hospital in our network earns the same recognition? Answers to these questions funnel down to one principle: One Best Practice.

What awards mean

Recognitions from organizations like Truven Analytics, US News & World Report, and HealthGrades let us know that we are focused on providing care that is based on scientific evidence, proven to be the best course of action for our patients’ recovery and healing.

How does every team member contribute?

Great patient care includes the direct care given by our physicians, nurses, and nursing assistants. Yet it also extends beyond direct care to how well we clean the patient; how well we communicate with the patient; how soon the patient receives therapy; the efficiency and accuracy of our Clinical Lab, Pharmacy, Radiology, Information Support, Schedulers, and Billing departments. High quality and safe care delivery comes from the dedication to our mission of improving the quality of life for people in our communities by every individual in every Kettering Health Network facility.

Our goal: Be among the top 10% in the country

We are honored to have seven high-performing hospitals and 75 outstanding outpatient facilities in our healthcare network. To demonstrate commitment to the patients and communities we serve, we have set a goal for our organization to be among the top 10% of healthcare networks in the country for mission and culture, quality and safety, patient satisfaction, and financial performance by the end of 2014. Our path to this goal is paved with dedication and commitment to do things one best way—one proven way to ensure the best possible outcomes for our patients.

On the path to One Best Practice

One Best Practice is when a department or facility finds the most effective way to provide great service or care, and then we share that method and implement it across the network.

If we work together as a network to promote One Best Practice in everything we do, we will not only be nationally recognized for our efforts, but more importantly, we will be able to assure our patients and families that they are receiving the very best in healthcare services, by one of the very best healthcare teams in America.

And that, my friends, is worth celebrating!

Network Chief Quality Officer

Teri Sholder, BSN, MHA, CPHQ, CPC, Chief Quality Officer, Kettering Health Network

Kettering Health Network recently named Teri Sholder network chief quality officer.

Previously Teri served as interim chief quality officer. During this time Teri demonstrated excellent skills, strategic development, and a commitment to the network’s quest for the highest achievements and best outcomes in Quality and Patient Safety—key strategic areas for the network.

Teri started in Quality at Kettering Medical Center seven years ago as manager for Documentation Improvement. She then became director for Clinical Quality where she recently worked with leaders on developing a network approach for Quality.

Prior to working in Quality, Teri served as a staff nurse on 2 West and SICU at Kettering Medical Center, case manager at Bethany Village, and nursing supervisor at both Sycamore and Kettering medical centers.

Teri received her master’s degree in healthcare administration from Ohio University, her Bachelor of Science degree in nursing from Wright State University, and her associate degree in nursing from Kettering College.
Earlier this year the HIPAA Omnibus Rule or “Final Rule” significantly amended many of the provisions under HIPAA as well as executed many provisions under the HITECH (Health Information Technology for Economic and Clinical Health) Act of 2009.

Kettering Health Network and other healthcare providers subject to HIPAA must be in compliance with these new changes by September 23, 2013.

Notable changes include:
• The removal of the “risk of harm” provision under the HITECH Breach Notification requirements and replacing the provision with a presumption of breach unless otherwise demonstrated by the healthcare provider
• Revision of the Notice of Privacy Practices
• Restrictions on the disclosure of protected health information to payers
• Individual access to protected health information
• Greater enforcement by the Office for Civil Rights in response to HIPAA violations

These changes certainly do not summarize all of the changes in their entirety. However, it is important that healthcare providers become acquainted with the changes that must be made in order to be in compliance by September 2013. There will be additional information forthcoming regarding these changes as each modified provision will be discussed separately and in additional detail.

If you have any questions or concerns regarding these changes and how they will impact Kettering Health Network— including Kettering Physician Network— contact me at megan.brickner@khnetwork.org.

Lab Moves to One Best Practice

Glenda Glavic, Director, Network Laboratory Services

With One Best Practice as our guideline, Kettering Health Network laboratory departments have begun the journey toward network alignment. The laboratory departments have already committed to standardize all chemistry, coagulation, hematology analyzers, and blood culture instrumentation. We continue to review all policies, processes, and reference ranges.

Critical Results Policy
We previously worked with four different policies, which resulted in miscommunication between physicians and labs. We now have one standardized policy that will be used at all labs across the network to indicate if a value is a certain number. Physicians will be notified using the same indicators. Medical executive committees at each campus are currently reviewing the policy.

Directory of Laboratory Services
We are currently working towards one directory of laboratory services to more efficiently communicate the utilization of the network’s laboratory departments.

With our commitment toward standardization, changes will be communicated through several means. Notices will be sent to the Medical Staff offices, Business Development, and Quality departments at each campus for distribution. If you have any questions regarding our current projects, please contact me at glenda.glavic@khnetwork.org.

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Announcing Kettering Home Care

Kettering Health Network and Alternate Solutions HomeCare recently merged to form Kettering Home Care.

The network will continue to maintain quality oversight and operations. This partnership allows the network to leverage advanced technology to better manage patient care.

“As population health management continues to ‘ramp up,’ it’s important that we maximize excellent care in a post-acute environment,” says Brenda Kuhn, RN, chief nursing officer for the network. “This is an important merger because it allows us to provide better care together.”

Kettering Home Care is Medicare certified and provides skilled home visits to patients requiring the services of a registered nurse, physical therapist, speech-language pathologist, medical social worker and/or home health aide. Other services include:
• Certified chemotherapy nurses
• Disease management programs (CHF, COPD, Total Joint, Diabetes)
• Office personnel to track all lab orders and results to ensure timely notification to physicians
• Advanced clinical specialty in physical, occupational, and speech/language therapy
• Full-time, professional social workers
• Registered dietitians
Accepting Medicare, Anthem, and other insurances
To schedule a patient or learn more information, call (937) 298-1111.

Chief Medical Officer Returns to Clinical Practice

Martha (Mitzi) Johnston, MD, emergency medicine physician, recently resigned her role as chief medical officer at Greene Memorial Hospital and Soin Medical Center to focus her full-time attention on clinical care.

Dr. Johnston will continue to be available and assist medical staff leadership during the transition to a new chief medical officer for both hospitals.

Dr. Johnston played a significant role in coordinating the medical staff requirements to open and establish Soin Medical Center. Not only did she successfully lead this, but she also ensured that Soin and Greene’s medical staff, bylaws, and policies were HIPAA compliant. She also led the merging of Greene and Soin’s medical staff structure.

Dr. Johnston was part of Greene and Soin’s executive team and actively contributed to the executive council, where key strategic direction is set for both hospitals.

“Mitzi is a valued leader, always willing to walk toward challenges and contribute to a long-term solution that benefits both hospitals and the network,” says Terry Burns, president of Soin and Greene. “We will sense her influence indefinitely.”

A special recognition for Dr. Johnston will be held at Soin and Greene’s September quarterly medical staff meeting.

“I have truly enjoyed working with the staff at both (Soin and Greene) facilities,” says Dr. Johnston. “Bringing up a new hospital was an amazing opportunity that is unique and that most will never experience. The response of our people to significant challenges and repeated requests for dedication above and beyond the usual was always met with best effort and will remain a great memory for me.”
ALEX BRYAN NAMED KETTERING COLLEGE PRESIDENT

Kettering Health Network recently announced that Alex Bryan, D.Min., as Kettering College president. Dr. Bryan succeeds Dr. Chuck Scriven, who retired this spring after a 12-year tenure at the college.

Most recently, Dr. Bryan served as senior pastor of the Walla Walla University Church in College Place, Washington. At Walla Walla University, he taught in the schools of business and religion and served on the president’s cabinet as vision and strategy advisor for the university.

Dr. Bryan received a Doctor of Ministry in leadership and religion from George Fox University, a Master of Divinity from Andrews University, and a bachelor’s degree in history and religion from Southern Adventist University.

A well-traveled public speaker, Dr. Bryan is the author of a recent book The Green Cord Dream, which explores a fresh vision for Seventh-day Adventist Christianity. He is also co-founder and co-chair of the ONE project, a grassroots organization exploring Christ-centered service in the 21st century.

Raised in the mountains of western North Carolina, Dr. Bryan is the son of a pediatrician and a nurse. He and his wife, Nicole, a high school counselor, have two children, Audrey, 7, and Wiliam, 2.

“It is an honor to join such a wonderful team of educators and healthcare professionals,” says Dr. Bryan. “I am passionate about learning institutions like Kettering College, which trains its students in both professional excellence and meaningful Christian service. I look forward to contributing to a rich spirit of innovation as Kettering College pursues its unique and important mission in the days ahead.”

The Cost of Freedom

David Doucette, MD, OB/GYN physician

As an obstetrician, I spend a great deal of my life sharing in the joy and privilege we have as humans in coming as close as possible to creating something from nothing. And although I’ve delivered more than 2,000 babies, helping my patients bring new life into the world still reminds me every time that those new little lives and, moreover, all of our lives are precious, sacred, and blessed.

I treasure the almost-spiritual experience that I see in the joyful but tearful eyes of the new mother or the new father as they receive their precious newborn. In my more nostalgic and unapologetically sentimental moments in the delivery room, I wonder about the future and direction of that little life. I’m captivated by the thought that by just being born here in America, we enjoy certain secular and spiritual freedoms that allow such a wide range of possibilities for where our children will take their place in the future.

Protecting freedom

Marine Corporal Jacob Leicht was born July 4, 1985, at the U.S. Naval Hospital in Lemoore, California. He was given up for adoption to a naval officer whose wife was unable to have more children. Jacob grew up wanting to be a Marine, to defend his country, and to help preserve the freedoms we enjoy. In 2007, Jacob drove a Humvee over two, 500 pound bombs in Iraq. One of the bombs detonated. The blast tore through the Humvee, severely injuring several in the vehicle. Jacob was hurt the worst, but was dragged to safety by an Iraqi interpreter. Jacob spent the next two painful years undergoing 18 surgeries to recover from face and leg injuries. Despite his pain and suffering, his only quest was to return to active combat duty to defend our freedoms.

Forsaking honorable discharge, medical retirement, and permanent disability and due in large part to his own letter writing campaign, he finally returned to combat duty with his unit in Afghanistan in April 2010. He wanted nothing more than to stand up to evil forces in the world on behalf and for the benefit of millions of Americans.

A precious gift

I didn’t know Jacob, but his adoptive father was my best friend and classmate in medical school. His family is one of the most spiritually strong families I’ve known—Jacob could not have been more loved. His birth mother was a young naval airman in my squadron who loved her son deeply and wanted nothing but the best for him.

As a young naval physician, I was awestruck by the melancholy joy that this mother exhibited as she turned over her newborn son to a family and life that she knew she couldn’t provide as a single parent in the military. I cannot explain the overwhelming joy I witnessed as the Leicht’s received this precious gift, their baby Jacob, knowing that childcare was impossible as a result of complications from a previous pregnancy.

I don’t remember all of the details of the delivery on that 4th of July 1985. It was a hot, sunny day, and I should have been off duty. But a very special mother was about to give birth, and I was her doctor. As I delivered Jacob, I’m sure I had those familiar reflections of how this precious little life might unfold.

I didn’t know how he’d fit into this good adoptive family. I didn’t know that he would look exactly like his mother. I did know that he would grow up to be a six foot five inch, 200 pound Marine with a soft heart. I didn’t know that he would step on a land mine on May 27, 2010, and be etched in history as the 1,000th U.S. service member to die in the war in Afghanistan.

I didn’t know the suffering Jacob would endure for our benefit.

The ultimate sacrifice

Conversely, we do know what Christ has done on our behalf. Christ sacrificed to save us from another level of evil. Moreover, Christ sacrificed for each one of us and He knew each of us even before we were born. His actions were for each of us individually. He knew not only our faces but each of the hairs on our heads.

All this was done so that we could stand spotless before God, grace abounding, and eternal life assured.

The sacrifice of a fellow citizen and the ultimate sacrifice of the living God were both done for our benefit, raising the questions:

How will we respond to the ultimate sacrifices that have been made to provide for the secular and religious benefits we enjoy? How will we make a difference to the people of the world who know not the right to secular life, liberty, and the pursuit of happiness? How will we convey the unearned and undeserved blessed assurance of eternal life to a sinful, dying world? Dr Doucette returned to Kettering after leaving the Navy in 1993. He is a former chief of staff at Kettering Medical Center and practices at Oak Creek OB/GYN, Inc. He is an elder of the Centerville Seventh-day Adventist church.
Residents and Fellows Include Triathletes, Bloggers, and Musicians

Kettering, Grandview, and Southview medical centers recently welcomed nearly 60 residents and fellows with backgrounds as varied as the programs they joined. They hail from around the globe: Ohio to Nebraska, California to Massachusetts, and Nigeria to Puerto Rico and India. They are ironman triathletes, artists, musicians, animal lovers, bloggers, and scuba divers. They are involved in their churches, run marathons, restore cars and furniture, and teach hunting and safety education. One of them is a Tough Mudder and another has played viola with the Yuma Civic Orchestra. Orientation included Epic training, interaction with various hospital departments, individual residency orientation activities, and a boot camp covering topics such as airway management, vascular access, and stroke. If you have feedback about a new resident or fellow, please communicate with his or her program director or chief resident. Medical Education can provide contact information.

Medical Education Welcomes New Residents & Fellows

<table>
<thead>
<tr>
<th>Medical Education Center</th>
<th>Program</th>
<th>Residents/Fellows</th>
</tr>
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</table>
| Loma Linda University    | Residency Program | Jenna Bottorff, DO
|                         |          | Timothy Rolle, MD |
|                         |          | Abdul Basit, MBBS |
|                         |          | Analkumar Parikh, MD |
|                         |          | Adeline Plesiu, MD |
|                         |          | Ray Arcenas, MD |
|                         |          | Jordan Brown, DO |
|                         |          | Vipul Patel, DO |
|                         |          | Ahmed Giwa, DO |
|                         |          | Emma Crumrine, MD |
|                         |          | Jason Brown, DO |
|                         |          | Laura Campbell, DO |
|                         |          | Susan Dawson, DO |
|                         |          | Dina Mark, DO |
|                         |          | Elizabeth Hurewitz, MD |
|                         |          | Jessica Kopp-Marshall, DO |
|                         |          | Nathan Wang, MD |
|                         |          | Thomas Velez, MD |
|                         |          | Melissa Zawalich, DO |
|                         |          | Tiffany Zeller, DO |
|                         |          | Brad Webb, DO |
|                         |          | Jennifer Canan, DO |
|                         |          | Lisa Chinchilla, DO |
|                         |          | Jaclyn Collier, DO |
|                         |          | Michael Groover, DO |
|                         |          | Ashley Gabbard, DO |
|                         |          | Selena Giwa, DO |
|                         |          | Rani Hallas, DO |
|                         |          | Jessica Hutter, DO |
|                         |          | Jessica Kopp, DO |
|                         |          | Susan Koval, DO |
|                         |          | James Lee, DO |
|                         |          | Amy Mier, DO |
|                         |          | Sanjay Narayan, DO |
|                         |          | Samantha Pan, DO |
|                         |          | Jessica Wang, DO |
|                         |          | Emily Zarsky, DO |
|                         |          | Persis Zidek, DO |

Nearly 60 physicians from across the globe recently arrived at Kettering Health Network to begin their residencies and fellowships.
Grandview and Southview Residents Present

Outcomes of Intrauterine Pregnancy After Endometrial Ablation: A Retrospective Chart Review
Susanne Spranklin, DO, OGME 4

Ophthalmology
Published Case Report and poster presentation at the 2013 Annual Clinical Assembly for the ACGCOH- HNS: Embryonal Carcinoma of Testis Metastatic to Ciliary Body Presenting As Spontaneous Hyphema and Painful Secondary Glaucoma. Retina Cases & Brief Reports, 7(1):105-107, Winter 2013.

David Valenti, DO, OGME 4
James Augsburger, MD, Department of Ophthalmology, University of Cincinnati College of Medicine
Zéila Corrêa, MD, Department of Ophthalmology, University of Cincinnati College of Medicine

Orthopedic Surgery
Case Report Presentation at DAGMEC Resident Research Forum, April 25, 2013:
Release of Post- Traumatic Wrist
Dharmal Varsadia, DO, OGME 3
Poster presentation at the Ohio Osteopathic Association Symposium, Columbus, Ohio, May 17-18, 2013
Anastomosing Hemanangiona
Steven Porto, DO, OGME 1

Harvard-Trained Cardiologist Leads Symposium

Kettering Medical Center recently presented the second annual Spring Health and Wellness Symposium.

This year Malissa Wood, MD, Harvard-trained cardiologist and co-director of the Corrigon Women’s Heart Health Program at the Massachusetts General Hospital Cardiology Division, helped healthcare professionals make the jump from healthy living education to implementing healthy living practices into real living.

For the second year, over 100 attendees earned CME or CEUs for their participation in the presentation and forum at the National Composite Center in Kettering.

After Dr. Wood’s opening remarks, attendees were able to choose one of the three breakout session topics:
1. “Am I Hungry?” – Living with Intention and Attention: Mindful Eating
2. Motivation Interviewing in a Healthcare Setting
3. Full Plate Diet: Are You Eating Enough to Lose Weight?

The Symposium was organized by a taskforce including Harvey Hahn, MD, cardiologist at Southwest Cardiology and member of the Cardiovascular, Weight Loss, and Medical Education departments.

“Symposium participants gained a lot of knowledge on how to relate to food and how to pass that information on to their communities,” says Dr. Hahn. “We hope that this conference will lead to improved health locally.”

National Research Study Involves Network-Affiliated Orthopedists

Center and residency director at Grandview Medical Center, is the principal investigator for a research study sponsored by the National Institutes of Health.

The study titled, “A Clinical Trial for the Surgical Treatment of Distal Radius Fracture in the Elderly: Wrist and Radius Injury Surgical Trial (WRIST)”, consists of a consortium that currently involves 23 sites including the University of Michigan, Duke University, Massachusetts General Hospital, and Mayo Clinic.

In collaboration with Kettering Health Network’s Innovation Center, Dr. Bamberger and his team of sub-investigators including Timothy Harmon, DO, and Mark Klug, MD, also orthopedic physicians at the Hand Center, are recruiting individuals 60 years or older who have suffered a distal radius fracture.

The purpose of the study is to compare three commonly used non-surgical techniques to evaluate which treatment results in the best outcomes in this patient population.

Despite being one of the last sites to start recruitment, Kettering Health Network received recognition from the University of Michigan, the lead site, for currently being one of the top three enrollment sites in the country.

Popoway Award Winners

1st Place Clinical Case Study: Alicia Weeks, MD
Spontaneous Tumor Lysis Syndrome: A Case Study & Literature Review Re-evaluating Current Diagnostic Criteria and Optimal Treatment Regimens
2nd Place Clinical Case Study: Trupti Patel, MD
Mushroom Extract Induced Hepatitis – A Not So Benign Therapy

1st Place Clinical Research: Matthew Tong, DO
Prognostic Importance of Serial Evaluation of Blood Urea Nitrogen in Ambulatory Patients with Chronic Heart Failure

2nd Place Clinical Research: Keisha Baldeosingh, MD
Bevacizumab as a Novel Treatment for Angioectasias

1st Place Patient Safety/Quality: Laura Snyder, MD
KHN Melanoma Study: Monitoring Physician Compliance with Evidence Based Guidelines

Elvin C. Hedrick Transitional Year Residency Award: Laura Snyder, MD

Albert A. Brust Internal Medicine Residency Award: Dwayne Gordon, MD

Internal Medicine Residents’ Association Teacher of the Year Award: Adam Fershko, MD

Internal Medicine Third Year Residents’ Award: Alex Calvo, MD

Nurses Choice Award: Dwayne Gordon, MD

20-Year Faculty Awards: Richard Gregg, MD
Robert Hawkins, MD
Hernant Shah, MD

Cardiovascular Fellowship Award of Excellence: Saleem Ahmad, MD

Brent Bamberger, DO, orthopedic physician at the Hand Center of Southwestern Ohio at Southview Medical
Conferences Offer More Than Education

Advanced video conferencing allows physicians and residents to meet across the network and interdisciplinary. It broadens the scope of topics discussed and also increases the number of participants.”

Recently Harvey Hahn, MD, cardiologist at Southwest Cardiology and member of the cardiology, weight loss, and medical education departments, outlined the latest techniques in cardiology, but also discussed price comparison and patient testing that works best for him. Social issues such as guns, violence, and poverty have drawn larger than normal attendance. Currently physician residents at Kettering Medical Center video conference with other physician residents at Sycamore Medical Center, Greene Memorial Hospital, and Fort Hamilton Hospital. Most Kettering Health Network facilities are participating at this time.

Participation in most Conjoint Clinical Conferences earns a category 1 CME credit. Upcoming CME opportunities:

“Procalcitonin & Sepsis”

Jorge Guzman, MD

Conjoint Clinical Conference

Friday, August 30, 2013

Category 2

“Targeted & Individualized Therapies for Lung Cancer”

Scott Antonia, MD, PhD

Zhongxing Liao, MD

Mark Ferguson, MD

Talar Family 3rd Annual Cancer Symposium

Wednesday, September 11, 2013

Category 1

Many things have changed since Kettering Medical Center opened in 1964. The network now includes seven hospitals, eight ERs, and more than 75 outpatient facilities and physician practices. In many areas, our hospitals have continued to operate independently—resulting in various policies, measures of quality, and differing processes. This has led to internal competition and unnecessary variances that have ultimately inhibited our ability to provide the best care for our patients. We’re now working to bring all hospitals, physicians, and employees together to function as one team. One Best Practice allows us to learn and practice the best method for delivering quality services and care. Together we can foster a culture where every patient knows they are going to receive the same, excellent care at every network facility.

Currently, the Chiefs of Staff and Chiefs-of-Staff-Elect are meeting regularly with hospital presidents and executive leadership to discuss how to best implement One Best Practice. From these meetings, we have identified five physician-focused ways to support.

1. Central credentialing office

Before the central credentialing office existed, a physician had to separately apply to each hospital’s medical staff office for privileges. If a physician requested privileges at multiple hospitals, it took a great amount of time—resulting in physician dissatisfaction. Now, the central credentialing office is able to provide credentialing for all physicians affiliated with the network. This not only improves the primary application process, but also decreases the turnaround time for the reapportionment. It increases the efficiency of the application, improves physician satisfaction, and decreases costs.

The central credentialing office will soon become paperless through an electronic-only system. Plans to provide Kettering Physician Network credentialing are also in the works.

2. Network code of conduct

We are in the process of reviewing the separate codes of conduct currently in place at various hospitals throughout the network. Soon we will finalize a network code of conduct to ensure every physician is accountable to one standard. This will allow us to reduce unnecessary duplication and further integrate our network.

3. Network medical record policy

When a physician does not complete a medical record, billing cannot be processed, and money is lost. Having multiple medical record policies and procedures will be inconsistent and inefficient. Right now each hospital has its own measure of quality. Because of this, physicians follow different procedures and guidelines. We are working on aligning these procedures and guidelines through the central quality review committee. This committee will be composed of physicians throughout the network who review the quality of care provided by their peers. Currently, the multiple quality review committees respond to physician inquiry only if harm is done. To ensure the highest quality of patient care is achieved, physicians will be held to one standard that includes not only avoiding harm to the patient but also following the procedures and guidelines.

4. Central quality review committee

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5. Bylaw alignment

Significant variance exists in the four different bylaws currently in place throughout the network. As we put effort into aligning these bylaws, names of officers, sections, departments, procedures, and policies will be aligned as will the investigation process, hearing process, and the response to the result of inquiry.

One framework will act as the skeleton of the bylaw with some differentiation allowed to maintain the unique, cultural aspects of our facilities. By supporting One Best Practice through these physician-focused initiatives, we can increase efficiency and save money—ultimately giving us more time to provide quality, patient-focused care.
Changing Role of Anesthesiologists

Traditionally, anesthesiologists have mainly been associated with the OR. When a patient is scheduled for surgery, the anesthesiologist remains responsible for the patients’ care during the entire perioperative period.

However, the anesthesiologist’s role is changing and their expertise is increasingly needed for procedures outside of the OR.

“The CR has traditionally been where anesthesiologists are most comfortable because that’s where we spend so much of our time,” says Larry Eldenburg, MD, anesthesiologist at Kettering Anesthesia Associates. “But our role is expanding.”

New responsibilities

In addition to maternity, where anesthesiologists have provided services for many years, they are now needed in EP, cath and angio labs, radiology, nuclear medicine, reproductive medicine, and GI units. Trauma and intensive care units use anesthesiologists as consulting specialists.

“People are presenting with more and more co-morbidities,” says David Grigg, MD, anesthesiologist at Kettering Anesthesia Associates, who was part of the anesthesia team that provided care for the mother of the quadruplets delivered at Kettering Medical Center last fall. “Physicians need the expertise of anesthesiologists to cover the anesthesia-focused areas of their health problems.”

Kettering Anesthesia Associates use the anesthesia team practice model. With the increasing number of responsibilities for an anesthesiologist comes the importance of having nurse anesthetists as valued members of the team.

“We’re being utilized in so many areas,” says Dr. Grigg. “CRNAs have become invaluable in providing coverage of our ever-expanding services.”

Anesthesiologists are also meeting the demands for acute pain services by helping patients deal with pain more effectively, allowing for earlier discharge.

“We take care of people during one of the most stressful times of their life—surgery,” says Dr. Grigg. By the use of nerve blocks with indwelling pain catheters during the postoperative period, Kettering Anesthesia Associates can provide more effective postoperative pain relief with fewer side effects than can be delivered by the sole use of narcotics. This results in higher patient satisfaction scores.

“Our job is not to just alleviate pain,” says David Pappenfus, MD, anesthesiologist at Kettering Anesthesia Associates. “From giving emotional support to providing critical care, our mission is to care for the patient from start to finish. The short, intense physician-patient relationship is no more.”

Kettering Anesthesia Associates provide anesthetic care for approximately 55,000 cases each year at Kettering and Sycamore medical centers, Greene Memorial Hospital, Dayton Eye Surgery Center, Greater Dayton Surgery Center, Medical Center at Elizabeth Place, and other outpatient facilities. The group includes more than 100 anesthesiologists and CRNAs.

The expertise of anesthesiologists such as Dr. David Grigg, MD, (pictured above) and CRNAs is increasingly needed for procedures outside the traditional OR setting.

“Even a fool who keeps silent is considered wise.” King Solomon, Proverbs 17:28

As a child, I watched trains leave the station on the Baltimore & Ohio Railroad. Yet I never dreamed that I would one day live in Ohio, much less spend more time in Ohio than I’ve lived anywhere else in my adult life.

During these last 16 years, I have seen Kettering Medical Center recognized by Truven Health Analytics Top 100 Hospitals for nine years and a Top 10 Cardiovascular Hospital for four years in a row. I have seen the network rank as a Top 10 Health System not once, but three times. One of our biggest accomplishments over the years included the Governor’s Platinum Award in Ohio’s Partnership of Excellence Baldridge program—an award that exemplifies the network’s commitment to sustainable improvement.

“I’ve been honored to have had a hand in these achievements, but now other professional recognitions are not possible without the exemplary performance of our workforce, which includes support staff, clinical staff, and all of our physicians. The level of quality standards needed to receive these awards can only be met through a culture of dependency. What are our solutions to address root cause issues such as poverty, joblessness, violence, family disintegrations, drug abuse, teen pregnancy, lack of education, and a culture of dependency? The answers are not clear, but as the principal providers of health care in our communities, the practitioners and the hospitals need to be creative partners in finding those answers.”

Final Word From the Wise

Greg Wise, MD, Past Vice President of Medical Affairs & Chief Medical Officer, Kettering and Sycamore Medical Centers

“As I retire, this will be my last Final Word From the Wise. Yes, I will be traveling more and spending more time with my family, friends, and hobbies, but I’m not going anywhere. I will remain on the medical staff, will continue to serve as president for Kettering Physician Network, see patients at Sycamore Primary Care Center, and will remain in active roles in my church, the American Cancer Society, Good Neighbor House, and as faculty with Wright State School of Medicine and Loma Linda University School of Medicine.

Why would I want to go anywhere else? I live a block away from a hospital in a community that, according to HealthGrades, has the lowest hospital mortality and complications rates in the county. Not even my alma mater, Johns Hopkins, can say that.

I am so proud of what we’ve been able to accomplish and I will always be deeply appreciative and grateful for all you’ve done, and for what I know you will continue to do in the years to come. God bless!”
With the number of current and expected healthcare changes, Grandview and Southview medical centers have identified several key areas to ensure the highest possible quality patient care.

1. Incorporate One Best Practice
   Where do Grandview and Southview medical centers fit into Kettering Health Network’s strategic plan?
   Physician and administrative leaders are currently developing an individualized strategic plan for Grandview and Southview that looks at defining our strengths and how we can contribute to the success of One Best Practice.

2. Expand Grandview
   The Grandview expansion brings several advantages to both the hospital and the Greater Dayton area.
   • Provides a clear and convenient front entrance
   • Offers easier access to the hospital from a major highway
   • Revitalizes the area and shows the community that we invest in their care
   • Increases the hospital’s positive perception

3. Establish physician leaders
   As health care continues to change, physician leaders are becoming more and more important. By continuing to establish and educate physician leaders, we can rely on their experience and expertise to disseminate knowledge and provide updated communication on current and future changes.

4. Maintain our osteopathic philosophy
   Our medical education program is a consistent resource to grow our medical staff. We retain approximately 20% of physicians enrolled in our residency program to ensure our osteopathic philosophy is maintained and continue our holistic approach to patient care.

5. Prepare for healthcare reform
   How will the necessary preparations for PCP practices differ from multispecialty practices?
   Upcoming changes such as physician payments moving from fee for service to value based means that physician offices will need to adapt to new quality metrics. In order to successfully navigate through these changes, we will need to use the strengths of each other.
   Working together and supporting each other is the most advantageous thing we can do. We have to reach out to everyone—both Kettering Physician Network and non-Kettering Physician Network physicians—to utilize our strengths and provide better quality care. Only then will we truly be One Best Practice.

Heart to Heart Performer Announced
Don’t miss Sarah McLachlan with the Dayton Philharmonic Orchestra, Saturday, November 16, at the 25th Heart to Heart Gala at the Schuster Performing Arts Center. Tickets start at $25 and are on sale at ticketcenterstage.com.
Physicians Preview Grandview Expansion

Grandview medical staff meetings aren’t often catered by El Meson or offer live music. However, the Physician Night event was a special time to celebrate the Grandview expansion—as President Richard Haas pointed out during the meeting’s opening speech.

The meeting took place in the new lobby of Grandview, beautifully decorated with a garden party theme. Tours of the new facility additions were offered to the more than 50 attendees.

Additions to Grandview

Fourth floor:
- New Endoscopy Unit—providing the most endoscopic procedures in the Dayton area
- Three new, spacious procedure rooms with the ability to add five additional rooms in the future and one new manometry room
- New esophageal and anal/rectal 3D manometry monitoring system
- New 14 room pre- and post-procedural areas provide private rooms for the comfort of our patients/families and a private space for consultation with a physician
- Each room is equipped with a television and music

Third floor:
- New surgical waiting room with monitoring system equipped with patient status updates
- New ambulatory services/short stay unit has 23 private rooms and a six bay procedural area
- New short stay rooms allow patients to stay in the same room pre- and post-operation
- New windows create an indoor scenery

Second floor:
- New centrally located pre-admission testing
- Phlebotomy within new pre-admission testing allows for quick in-and-out service
- Two spacious assessment rooms with EKG capability
- Close to the new front entrance allowing easy walk-in for testing
- New windows create an opportunity to enjoy the outdoor scenery
- New outdoor seating
- New heated pizza oven and display cooking station offering made-to-order dishes

“Physicians and hospital administration recently celebrated Grandview’s expansion in the new lobby.”

Grand Central Café:
- Expanded serving area
- Salad bar offers many more new, healthy choices
- Expanded grab & go items

Macey: More than meets the eye

Animal-assisted therapy allows therapists to use one treatment tool—an animal—to target a variety of goals. These goals improve a patient’s:
- Range of motion
- Strength
- Endurance
- Balance
- Mobility
- Sensation

Therapists can address cognitive and perceptual deficits during the same session. The patient also receives psychosocial benefits such as building rapport, reducing stress, and increasing self-esteem and motivation.

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- Balance
- Mobility
- Sensation

Therapists can address cognitive and perceptual deficits during the same session. The patient also receives psychosocial benefits such as building rapport, reducing stress, and increasing self-esteem and motivation.

Why Animal-Assisted Therapy?

Animal-assisted therapy allows therapists to use one treatment tool—an animal—to target a variety of goals. These goals improve a patient’s:
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Physicians Preview Grandview Expansion

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Macey: More than meets the eye

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Greene’s OR Receives $80,000 Renovation

Greene Memorial Hospital recently completed an $80,000 renovation of its operating suite including new paint, new equipment, corian veinscoating, new lighting and flooring in the three operating rooms, two endoscopy rooms, one cystoscopy suite, and hallways.

The renovation improves the surgical capabilities of the OR rooms—not only mechanically and aseptically, but also visually.

While new endoscopy equipment allows two surgeons to perform procedures simultaneously, new interior colors act as a visual refresher for physicians.

“The color of the rooms was chosen after the OR staff researched specific colors that assist surgeons in their procedures,” says Greene Medical Foundation President Jeff Brock.

The complementary central sterile processing unit—used for cleaning and sterilizing surgical instruments—also underwent an upgrade and received new equipment.

Improving patient access and satisfaction

MyChart is a proven patient satisfier in other healthcare markets across the country. It is also required for meaningful use criteria set forth by CMS. Both MyChart users can view their health summary, current medications, and test results. Patients can review past and upcoming appointments, as well as request and cancel appointments. They can request prescription renewals, and notify us of any changes to their mail or email address. Patients can pay their professional bill online, access their discharge instructions from a hospital visit, and communicate with their physician offices.

Our Kettering Physician Network and Kettering Health Network affiliate physicians are incorporating this useful tool into their practices. We feel that MyChart will ultimately improve patient access while providing standardization across the network.

Commitment to the Network

Steven Crawford, MD, Chief of Staff, Greene Memorial Hospital and Soin Medical Center

Our goal at Soin Medical Center and Greene Memorial Hospital is to take the best standards used throughout the network and align them with One Best Practice. We have developed our bylaws and policies to mirror the network standards and are committed to give every patient the same standard of care across the network. We want to learn from others the most effective methods of providing quality care in our commitment to excellence in the One Best Practice model.

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Three physicians recently moved their practice operations into the Ollie Davis Pavilion at Soin Medical Center.

Steven Crawford, MD, Valerie Crawford, DO, and Michael Clark, MD, OB/GYN physicians at Advanced Women’s Healthcare, believe the location on the campus of Soin improves patients’ ease and access of care.

“Expecting mothers now have direct access to Soin’s labor and delivery,” says Dr. Steven Crawford. “Our proximity to all of Soin’s services allows our patients to better and more efficiently utilize all that Kettering Health Network has to offer our community.”

The new location also facilitates the use of the network’s labs and ancillary services. An additional OB/GYN physician is expected to join the practice in August.

Interventional Pain Management

Fort Hamilton Hospital now offers interventional pain management through the service of Amol Soin, MD, pain management physician at Ohio Pain Clinic.

With the addition of Dr. Soin, the hospital is able to provide patients with alternative ways to treat pain as well as enhance and expand physical therapy options, imaging services, and diagnostic testing.

“We try to first diagnose and identify the cause of the pain, and then tailor a plan to fit each patient’s specific needs,” says Dr. Soin. “Patients benefit from this type of customized, goal-directed therapy.”

Pain killers such as opioids and narcotics have traditionally been used to treat chronic, non-malignant pain. However, these treatments come with serious risks such as abuse, diversion, GI side-effects, and death.

“With the rise of prescription drug abuse, it’s important to find alternatives to pain other than pills,” says Dr. Soin. “Our goal is to help patients manage their pain without relying on addicting pain killers.”

Mark Smith Named President at Fort Hamilton

After serving as Fort Hamilton President in an interim capacity since March, Mark Smith has been named president of the hospital. Former President Jennifer Swenson has moved to a network vice president role.

“Mark’s experience in the region allows for a seamless transition while offering exceptional support to the Hamilton community,” says Kettering Health Network CEO Fred Manchur.

Previously Mark served as president of Sycamore Medical Center and chief financial officer at Greene Memorial.
Patients are enjoying a whole new experience at Fort Hamilton Hospital’s renovated ER. While the previous area limited space, patients now enter a lobby decorated with earth tones, flooded with natural light, and focused on a front desk where they begin the triage process. Physicians in the ER now see patients in rooms that leverage Lean design principles, comforting décor, and the latest diagnostic and monitoring technology.

In addition to the aesthetic upgrades, new and expanded, well-appointed workstations are closer to treatment rooms.

“The facility matches the level of care being provided,” says Marcus Romanello, MD, medical director at Fort Hamilton Emergency. Kettering Health Network recently featured the newly-opened space in a TV commercial that will air on Time Warner Cable in the Hamilton and Middletown areas.

ER Improvements

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<th>2011</th>
<th>2013</th>
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<tr>
<td>Door to Doc:</td>
<td>56 min</td>
<td>13 min</td>
</tr>
<tr>
<td>Door to Floor:</td>
<td>362</td>
<td>242 min</td>
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<tr>
<td>Average Patients/Day:</td>
<td>102</td>
<td>117</td>
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<tr>
<td>Jan 2013</td>
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<tr>
<td>June 2013</td>
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Remember Handwriting?

Donald Ames, MD, Orthopedic Physician at Far Oaks Orthopedists

Think back to when you had to physically write on a patient’s record.

Do you recall moments where it was difficult to understand a chart simply because you couldn’t read a physician’s handwriting? How many times did you come across incomplete notes or find out that an order did not take place when it should have?

In the past, such inefficient processes complicated our workflow and discouraged high quality patient care.

While electronic medical records are not the solution to every physician documentation problem, they have improved the depth of patient information we can include, increased the efficiency of recording a patient’s information in a single record across multiple healthcare locations, and eliminated the issue of poor penmanship altogether.

With the recent Epic update, we now have more efficient ways to read patients’ charts through shortcuts and we can record more inclusive notes. Also, because of the ability to access a single, comprehensive chart, multiple physicians can provide seamless care for the patient.

As with any change, there is a learning curve. Moving from paper documentation to electronic documentation is a significant change. And it is true: electronic medical records can sometimes be cumbersome—it takes a lot of time to verify the patient information and records are not always updated accurately.

But just as we are learning to adapt, physician leadership and hospital administrators are also working through these growing pains. And while we have a long way to go to improve the efficiency, effectiveness, and accuracy of electronic medical records, we have already come a long way.

As challenging as electronic medical records have been, I am confident that our physician and hospital leadership will continue to find ways to improve patient care. Our patients deserve nothing less.

Kettering Physician Network

Welcomes New Docs

(April - June 2013)

TRAUMA
Doug Paul, DO
Ferdinand Rico MD
Kettering Trauma Acute Care
(937) 395-8556

PRIMARY CARE
David Lim, MD
Sycamore Primary Care
(937) 384-6800

Lawrence Udom, MD
Kemp Road Family Practice
(937) 458-4530

UROGYNECOLOGY
Marc Ashby, MD
Southwest Ohio Urogynecology
(937) 436-9825

PSYCHIATRY
Nancy Smith, DO
Grandview Psychiatry
(937) 723-3312

KPN Physician Breakfast Club Meetings
Wednesday, August 21, 7 a.m.
Fort Hamilton Hospital Auditorium

Thursday, September 19, 7 a.m.
Kettering Medical Center, Nelson Conference Center

KPN Physician and Employee Picnic
Sunday, October 6
Dragons Stadium

KPN All Physician Business Meeting
October 8, 6 p.m.
Moraine Country Club
We are currently recruiting for a director of the Primary Care service line and are in the process of evaluating several candidates— we hope to fill this position by September. In the realignment of this service line, KPN has created geographic territories to help manage the operations. There will be five territories that represent all of KPN’s primary care providers and offices. Each territory will be led by a regional manager who will be responsible for the daily efficiency and effectiveness of the practice operations. More information about each territory’s practices will be communicated in the future.

Monthly Practice Operations Councils will serve as great opportunities to meet the new operations leaders as well as identify additional strategies to improve the organization’s overall performance. As the executives of KPN, we understand the challenges you have experienced with frequent changes in leadership. We can promise you that the changes are not over nor will they be for a long time. With the nature of the healthcare environment today, change is a guarantee and it is our hope to make these changes as seamless and painless as possible. We appreciate your support as we work towards One Best Practice.

“The secret of change is to focus all of your energy not on fighting the old but on building the new.” - Socrates
KPN Launches Patient Satisfaction Survey
Press Ganey to email survey to patients

In preparation for the upcoming transition from fee-for-service payments to value-based purchasing, Kettering Physician Network recently selected Press Ganey to administer the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) satisfaction survey to patients of their practices.

Beginning first quarter of 2015, the CGCAHPS survey results will be used by the Centers for Medicare and Medicaid to determine a physician practices’ reimbursement amount.

KPN decided to adopt the survey and start measuring their patients’ experience now in order to capture specific areas needed for improvement.

“Press Ganey is a valuable tool,” says Lainie Dean, director of development for KPN. “It gives us a snapshot of how we’re doing, but also provides insight in the areas we need to improve.”

While the CGCAHPS-only survey evaluates patient experience, integrating Press Ganey adds qualitative measurements to the survey.

“Patient satisfaction is essential in knowing the level of quality care a physician provides,” says Greg Wise, MD, past vice president of medical affairs and chief medical officer at Kettering and Sycamore medical centers, “And these surveys will help us track that.”

Though hospitals are only able to mail Press Ganey surveys to patients, physician practices can send the survey by email or mail. KPN selected the electronic option because it is cost-effective and customizable. The survey is emailed to randomly sampled patients after their office visit and can be mailed to older patients as needed.

In addition to standard questions surrounding the patients’ perception of care, physician-to-patient communication, courtesy and helpfulness of office staff, and the physician’s overall rating, KPN added two key questions to the survey:

1. Did you have the ability to choose your desired appointment?
2. What was your overall rating of the care you received during your visit?

“People will go elsewhere if a practice doesn’t offer ease of access,” says Lainie. “Convenience is one of the main drivers of new business.”

According to KPN Vice President George Lewis, the goal is for every physician practice to offer the same high-quality patient experience. A group of KPN practice managers currently meets once a month to determine how to best standardize care.