

Premier Pulse

News for Premier Health Physicians

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Don't Leave Patient Comprehension to Chance

By Jennifer Hauler, northern regional chief medical officer, Premier Health
(Good Samaritan Hospital, Good Samaritan North Health Center, and Upper Valley Medical Center)



Has it happened to you?

After examining your patient, making the diagnosis, and explaining the treatment plan, you learn during the scheduled

follow-up appointment that the patient has misunderstood part or all of the diagnosis and plan. How is this possible? Everything has been explained in detail and the patient/family did not have any questions. No questions should be equivalent to a full understanding, right? WRONG! Assuming patients and their families understand the diagnosis or treatment plan because they do not ask any questions is one of the most common and easily correctable mistakes that doctors make. The best way to avoid this confusion is the teach-back method.

What is the teach-back method?

The teach-back method is a way of checking understanding by asking patients to state, in their own words, what they need to know or do about their health. It is not meant to be a test or quiz. It is a way to check for understanding and, if needed, re-explain and check again. It is a way to confirm that you have explained things in a manner your patients understand. The teach-back method has been proven to improve patient-provider communication and patient health outcomes (Schillinger, 2003).

Why is it important?

Studies have shown that 40 percent to 80 percent of the medical information patients are told during office visits is forgotten immediately (Kessels, 2003), and nearly half of the information retained is incorrect. Health care providers often tend to underestimate patients' needs for information, and overestimate their own effectiveness in conveying the information. In fact, a recent study found that 37 percent of patients reported understanding what they were told during a medical visit – but

their physicians thought that 80 percent of patients understood the information conveyed (National Center for Ethics in Health Care). Almost half of information is remembered incorrectly (Anderson et al, 1979). Health literacy – the ability to receive, understand and act on health information to make informed health care decisions – is the single best predictor of health status. It is a STRONGER predictor than age, income, employment status, education level, or racial and ethnic group.

(continued)



Inpatient or Observation? Status Improvements Under Way

Premier Health is working with Huron Healthcare to revise our processes for status management. The goal is to correctly identify and document the appropriate patient status (e.g. inpatient or observation) prior to bed placement based on specific criteria at the point of entry.

The most significant change involves the timing of the discussion regarding a patient's status. Currently, cases are reviewed by the Center for Status Integrity to determine the appropriateness of status selection within 24 hours of admission. The new process moves this discussion to prior to bed placement. Depending on the complexity of the case, the Integrated Case Management (ICM) team member in the emergency department will perform the initial status review and discuss the case in real time with the ED provider and admitting provider, if applicable, to ensure patients are placed in the correct initial status/level of service based on criteria. The Center

for Status Integrity (CSI) will also perform real-time status reviews for complex cases escalated by the ED ICM team for patients being admitted from the ED during peak hours. Although not all patients are admitted through the ED, the ED is the entry point for the majority of patients. Other areas of focus (e.g. cath lab, surgery, etc.) will follow.

Optimizing status management sets clear expectations for the patient's stay and improves the communication process to reduce the need for additional conversations to change the status designation later in a patient's stay.

Physician documentation of medical necessity and the need for intensity of services is vital to the success of this program.

The Frequently Asked Questions Guide can be found online inside the physician portal and will help explain the system and the process.

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Don't Leave Patient Comprehension to Chance

Who could benefit from the teach-back method?

All patients can benefit from the teach-back method. There is no way to look at a patient and safely assess their level of health literacy. Health literacy is not related to intelligence or educational level. A person's health literacy decreases when he or she is ill, anxious, or on certain medications. Patients with low health literacy may be too embarrassed to ask a health care provider or physician to re-explain information.

When should a teach-back conversation occur?

A teach-back conversation should occur at every encounter in which important information is exchanged. It is wise to break up lengthy conversations or large volumes of information with frequent pauses to have a teach-back conversation.

How do I have a teach-back conversation?

The Agency for Healthcare Research and Quality, or AHRQ, makes the following recommendations:

- **Plan your approach.** Think about how you will ask your patients to teach back the information. For example:

"We covered a lot today and I want to make sure that I explained things clearly. So, let's review what we discussed. Can you please describe the 3 things you agreed to do to help you control your diabetes?"

- **Clarify and check again.** If teach-back uncovers a misunderstanding, explain things again using a different approach. Ask patients to teach-back again until they are able to correctly describe the information in their own words. If they parrot your words back to you, they may not have understood.
- **Start slowly and use consistently.** At first, you may want to try teach-back with the last patient of the day. Once you are comfortable with the technique, use teach-back with everyone, every time!
- **Practice.** It will take a little time, but once it is part of your routine, teach-back can be done without awkwardness and does not lengthen a visit.
- **Use the show-me method.** When prescribing new medicines, or changing a dose, research shows that even when patients correctly say when and how

much medicine they'll take, many will make mistakes when asked to demonstrate the dose. You could say, for example:

"I've noticed that many people have trouble remembering how to take their blood thinner. Can you show me how you are going to take it?"

- **Use handouts along with teach-back.** Write down key information to help patients remember instructions at home. Point out important information by reviewing written materials to reinforce your patients' understanding. You can allow patients to refer to handouts when using teach-back, but make sure they use their own words and are not reading the material back verbatim.

Asking your patients to teach-back the material you presented may be the most important thing you can ask during a visit. Evidence from a systematic review supports the use of the teach-back method in educating people with chronic disease to maximize their disease understanding and promote knowledge, adherence, self-efficacy and self-care skills. (Ha et al 2016).

Premier Health's ACO Only Plan in the State Chosen for CMS Initiative

Premier Health ACO of Ohio has been selected to participate in the Centers for Medicare & Medicaid Services' (CMS') innovative accountable care organization (ACO) model. The goal of the model, known as the Next Generation ACO, is to improve health outcomes and lower costs for traditional Medicare patients.

Medicare ACOs are comprised of groups of doctors, hospitals, and other health care providers and suppliers who come together voluntarily to provide coordinated, quality care at lower costs to their traditional Medicare patients.

The ACO program began in 2012 with the Medicare Shared Savings Program and the Pioneer ACO Model. There are now more than 477 ACOs nationwide that serve approximately 8.9 million beneficiaries. Results from the past five years have shown that as ACOs gain more experience in these programs, they are able to provide better quality of care for beneficiaries while producing savings.

The Next Generation ACO Model is an initiative for ACOs that are experienced in coordinating care for populations of Medicare patients, including Premier Health ACO of Ohio. It will allow these provider groups to assume higher levels of financial risk and reward than are currently available under the current Pioneer ACO Model and Shared Savings Program. The goal of the model is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care



management, can improve health outcomes and lower expenditures for traditional Medicare fee-for-service (FFS) beneficiaries.

The Next Generation ACO Model advances the goal CMS announced in 2015 to move a growing percentage of Medicare payments into models that pay providers based on the quality rather than the quantity of care they provide to patients.

"We are excited to participate in the Next Generation ACO Model because of the opportunity it provides for our patients and our community," said Jerry Clark, MD, chief executive officer for Premier Health ACO of Ohio. "It's an important step to help Premier Health achieve the 'Quadruple Aim.' Many

are familiar with the 'Triple Aim': improved quality of care, better patient experiences, while lowering total cost of care. We add a fourth component, which is improved engagement and provider satisfaction."

The ACOs participating in the Next Generation ACO Model in 2017 have significant experience coordinating care for populations of patients through initiatives such as the Shared Savings Program and the Pioneer ACO Model. The Next Generation ACO Model organizations were selected through an open and competitive process from a large applicant pool. Premier Health ACO of Ohio was one of only 45 plans in the nation—and the only one in Ohio—to be selected.

Let Others In On Your Latest Research

We would like to help spread the news about your latest academic paper. Provide us with the information and include a link if you can.

We are proud – Premier Proud – of your scholarly work. We also know you put a lot of time and effort into your research, and we'd like to do our part to help raise awareness of it.

Send your name, the publication or journal, date and the name of your paper to Kara Hitchens at: klhitchens@premierhealth.com. Please include a PDF of the research as well to assist us in summarizing your work.

Anniversary Celebration, Best Hospital Award, Going Green and Tele-ICU

Atrium Medical Center

Atrium Medical Center celebrates its 100th anniversary throughout 2017. In the early 20th century, a train wreck followed by a devastating flood pushed Middletown community leaders to launch a drive to ensure the community had its own hospital. As a result of their efforts, the Middletown Hospital opened its doors 100 years ago on March 5 with 28 beds and seven staff members. Since then, the Middletown hospital—now known as Atrium Medical Center—has continued to grow with the community. Atrium Medical Center Foundation's fall 2016 gala, "Memories Are Made of This," helped kick off the hospital's 100th anniversary celebrations, and the festivities continued this year with a 100th birthday celebration on March 5. Among the speakers was Chris Goforth, a descendant of one of Atrium's founding families.



Good Samaritan Hospital

Good Samaritan Hospital's Nutrition Services joins other Premier Health hospitals in going greener by transitioning to biodegradable disposable containers in the cafeteria and patient services. As the new environmentally friendly disposables are more expensive than previous Styrofoam containers, a small charge will be applied at the cash register for those who choose to use disposables. Reusable Go Green cups will be for sale in the cafeteria. Every Wednesday in March, staff can bring their Go Green cup to the café and receive a free fountain beverage or brewed coffee refill.



Miami Valley Hospital

Miami Valley Hospital has been named to Healthgrades' list of "America's 100 Best Hospitals" for a second year in a row. For 2017, Miami Valley Hospital is the only hospital in the Dayton region – and one of only five in Ohio – to receive the award, Healthgrades' highest distinction. It is given to the top 2 percent of hospitals in the nation for demonstrating clinical excellence for at least three consecutive years.

The award is based solely on a hospital's clinical quality outcomes over a multi-year period, according to Healthgrades. Patients at "America's 100 Best Hospitals" are more likely to have a successful treatment without major complications.

In early February, Miami Valley Hospital welcomed three surveyors from the Joint Commission for a focused two-day disease specific survey. The Comprehensive Stroke designation is very prestigious; it is the highest level of stroke certification available through the Joint Commission. The hospital is the only one in the Dayton area to attain this status. Surveyors were very complimentary of the facility and the staff with whom they had interactions during their time on the campus. They visited many areas, including the Emergency Trauma Center, Interventional Radiology, NeuroScience ICU, and the Neuro Advanced Care (6NE). The Joint Commission will review the submission and the hospital will receive notice of its re-certification as a Comprehensive Stroke Center.

Upper Valley Medical Center

Upper Valley Medical Center's intensive care unit (ICU) implemented a tele-ICU system that provides around-the-clock monitoring by highly trained intensivist physicians and critical care specialists. The system is a partnership between Premier Health/UVMC and Advanced ICU Care, the largest tele-ICU provider in the United States. With this system, board-certified intensivists (critical care physicians) and nurses at one of Advanced ICU's centralized operational centers become part of the clinical care team in the ICU. They work together with the on-site care team to evaluate all patients admitted to the ICU and to monitor patient data, vital signs, labs, medications, and clinical status. Advanced two-way audio/video technology enables face-to-face consultations with bedside physicians and nurses and allows the tele-ICU providers to interact with patients and their families.

The College of American Pathologists (CAP) has awarded accreditation to the Upper Valley Medical Center Laboratory based on results of a recent on-site inspection as part of the CAP Accreditation Programs. The CAP accreditation process is designed to ensure the highest standard of care for all laboratory patients. During the accreditation process, inspectors examine the laboratory's records and quality control of procedures for the preceding two years. CAP inspectors also examine laboratory staff qualifications, equipment, facilities, safety program and record, and overall management. CAP reports that the U.S. federal government recognizes the CAP Laboratory Accreditation Program, begun in the early 1960s, as being equal to – or more stringent than – the government's own inspection program.



Helicopter Scene Response for Stroke Patients: A Five-Year Experience

By Andrew Hawk, MD, Medical Director, CareFlight Air and Mobile Services



Editor's note: The following article is a summary of research published in the November/December 2016 issue of Air Medical Journal, the international, peer-reviewed critical care transport journal of the Association of Air Medical Services. The authors, in addition to Hawk, include Catherine Marco, MD; Matt Huang, MD; and Bonnie Chow, BS. CareFlight partnered with the emergency medicine department at Wright State University's Boonshoft School of Medicine to undertake this research.



This study examined the utility of mostly rural EMS providers requesting a medical helicopter to the scene for acute stroke patients, with immediate transport for definitive care to Miami Valley Hospital, a comprehensive stroke center.

Over a five-year period (2011-2015), 136 adult patients were transported from the scene by CareFlight. EMS used criteria to call CareFlight to the scene for stroke patients. These criteria included use of the Cincinnati Pre-hospital Stroke Scale (CPSS), better known as the acronym "FAST: Face, Arm, Speech, Time," now taught to the general public for early stroke recognition.

The majority of the patients flown during the study period (75 percent) met all EMS stroke criteria for calling CareFlight to the scene. Specialized definitive care at MVH included peripheral tPA administration to 27.5 percent of the patients that met all EMS criteria, while almost 10 percent underwent an endovascular procedure (including mechanical "clot retrieval"). All scene stroke patients transported were included in the results, including the 5 percent of patients determined to have a hemorrhagic stroke and obviously not tPA candidates.

During the five-year study, immediate Miami Valley Hospital Stroke Service access was implemented via tele-medicine ("telestroke") at multiple referral hospital emergency departments. Select EMS agencies included in the study now had the appropriate option to utilize the Miami Valley Hospital Stroke Service via their local hospital emergency department. A decrease in the number of stroke scene flights by CareFlight was noted during this time.

However, an ongoing challenge (not addressed in this study) is to rapidly identify the newest subset of ischemic stroke: the "large vessel occlusion" (LVO) patient versus the "small vessel occlusion" (SVO) patient. LVO stroke patients do not necessarily respond to peripheral tPA and often benefit from emergent endovascular intervention. Whether from the scene or interfacility, the goal for the acute LVO stroke patient is timely delivery to a regional comprehensive stroke center such as Miami Valley. As such, this ensures the continued involvement of CareFlight.

In conclusion, during the five years studied, CareFlight transport of EMS-identified scene stroke patients to Miami Valley allowed for timely and specialized definitive care, including the administration of tPA and/or an endovascular procedure in a significant number (more than one-third) of patients. This is the first published report of its kind in the world's medical literature and supports the structured use of air medical transport for the scene stroke patient.

Thanking Our Physicians

At Premier Health, we take our commitment to improving the health of the communities we serve very seriously. As members of the medical staff at a Premier Health facility, you embody that commitment. National Doctors' Day is an opportunity to say how much we appreciate what you do all year long.

Doctors' Day is celebrated in many parts of the world, on many different days. This year, most Premier Health locations will celebrate the day on Thursday, March 30 with lunches for our physicians. Menus and times will vary by location. Miami Valley Hospital will observe Doctors' Day on Tuesday, March 28.

We thank you for the care you provide, your commitment to our core values of respect, integrity, compassion and excellence, and for your service to the community. We have doctors from around the world doing incredible work here in our community, and we have doctors from our medical staff who travel the world doing incredible work in other communities.

In celebrating this day, we acknowledge your passion for providing quality care, focused on patients and families. For the years you spent to hone your skills, the time you dedicate to your patients, and the commitment you make to continuous learning, we applaud you and thank you.

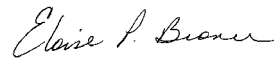
With sincere appreciation,



Mary Boosalis
President and Chief Executive Officer
Premier Health



Mark Shaker
President
Miami Valley Hospital



Eloise Broner
President
Good Samaritan Hospital



Mike Uhl
President
Atrium Medical Center



Becky Rice
President
Upper Valley Medical Center

A Bike Mechanic Embraces the Science of Healing



Roseanne Danielson, MD,
sees patients
at Premier
Gastroenterology
Specialists

**What is your
specialty?**
Gastroenterology.

What brought you to Premier Health?

The unique culture at Premier combining world-class facilities with a personal community approach.

Why did you choose medicine as a career?

I chose not medicine, but the science of healing as a career.

Who are the people who influenced and/or mentored you?

My mentors are my family and the physicians and nurses who trained and train me.

How do you describe your bedside manner?

My bedside manner: a sit down approach. I like to pull up a chair and listen. Everyone has a story to tell.

What is one thing most people don't know about you?

One thing people don't know about me: I rode the Register's Annual Great Bike Ride Across Iowa and I am certified as a bicycle mechanic.

How do you want to be remembered?

Smiling.

What is the last book you read? *A Walk in the Woods: Rediscovering America on the Appalachian Trail* by Bill Bryson.

What is your favorite song in your playlist?

My favorite song changes routinely, generally it's something I can run to.

iPhone or Android?

iPhone.

Early bird or night owl?

Early bird.

Beach bum or mountain hiker?

Hiking beach bum.

Dress shoes or tennis shoes?

Tennis shoes.

MEDICAL STAFF CORNER

New Programs and Improved Quality Scores Led Atrium into 2017

By Will Andrew, MD, president, medical staff, Atrium Medical Center



Exciting things are happening at Atrium Medical Center. Atrium is leading the system in readmissions reduction. In the past few months, we have begun to offer water births in our new Natural Beginnings space. In addition, there has been a great deal of community interest in the Natural Beginnings program, with calls from patients up to 60 miles away.

In April, we will open our new geriatrics emergency unit in the emergency center. Again, there has been tremendous interest from the community. This pilot at our campus will help to reinforce the overall Premier Health geriatrics strategy.

Atrium finished 2016 leading the system in many quality indicators. This demonstrates the commitment by many members of the medical staff in partnership with administration to continually improve care for our patients. Thanks to the many medical staff members who gave of their time to make this happen.

Our New Physicians

New physicians join the medical staff at each of the Premier Health hospitals. Are you interested in knowing who joined the medical staff at each facility?

You can find the lists in the Physician Portal.

Atrium Medical Center go to atriummedcenter.org/ournewphysicians

Good Samaritan Hospital go to goodsamdayton.org/ournewphysicians

Miami Valley Hospital go to miamivalleyhospital.org/ournewphysicians

Upper Valley Medical Center go to uvmc.com/ournewphysicians

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