

# Premier Pulse

## News for Premier Health Physicians

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## Reducing Opioid Use Takes a Village

By **Tammy Lundstrom, MD, JD, system vice president, chief medical officer, Premier Health**



In 2015, Ohio recorded 3,050 deaths from opioid usage. This makes unintentional drug overdose the leading cause of injury-related death in Ohio.

Approximately 22 percent of overdose deaths are prescription-related. It is virtually impossible to pick up a newspaper and not be faced with another life lost due to this epidemic. The Governor's Task Force on Opioids has recently enacted new requirements that are intended to help reduce these awful statistics. The recommendations track with the Centers for Disease Control and Prevention's "Guidelines for Prescribing Opioids for Chronic Pain," and address the use of opioids for acute pain. Many pertinent materials and infographics are available on both the Ohio Department of Health (OHD) and CDC websites and I urge you to peruse the materials. In case you were not aware, the Centers for Medicare and Medicaid Services (CMS) has dropped the pain domain from value-based

purchasing due to concern that it was fueling prescribing habits.

In Ohio in 2016 we prescribed 631 million opioid pills, which equates to approximately 55 opioid pills for every man, woman, and child in the state. While we wait for the Ohio State Medical Board, Ohio Board of Nursing, Ohio State Dental Board and the Ohio Board of Pharmacy to release regulations to enact the legislation, we must start implementation, including prescribing no more than seven days worth (five days for

children or teens) of opioids for any acute pain condition, documenting the reason for the use of opioids, noting exceptions such as hospice care, cancer, or medication-assisted addiction treatment in our documentation, and checking Ohio Automated Rx Reporting System (OARRS) reports before prescribing and at least every three months for those patients on chronic medications. Stay tuned for more information as regulations are released.



# How You Can Promote Appropriate ED Alternatives

By Jerry Clark, MD, chief medical officer, Premier Health Plan



Our provider-sponsored health insurance plans have observed persistently increasing emergency department utilization year over year. This

is despite the impact of large co-pays for many. This contributes to higher overall total cost of care. Our provider-sponsored health insurance company, Premier Health Plans, have seen emergency department utilization worse than the national benchmark (Milliman) for loosely managed health plans: 389 visits/1000 members. Our goal is to achieve the benchmark for

Milliman well-managed health plans of 219 visits/1000 members.

Many factors influence this experience, including the consumer's expectation of convenient care and accessibility to PCPs and specialists for urgent appointments. Provider office policies and physician leadership in the office can help with this trend. Knowledge of the lower cost alternatives by physicians, nurses and office staff can help educate your patients for when the need arises. Consider placing promotional brochures of alternatives to the ED in your treatment and waiting areas. If your office uses EPIC EHR, referring your patients to Premier Physician Network's After Hours clinics or CVS Health Minute Clinics (also on EPIC), allow for better

continuity of care for your patients.

Reliable and safe lower-cost alternatives include retail clinics such as CVS Health Minute Clinics; After Hours Clinics operated by various primary care physicians, and urgent-care clinics such as AccessMD and Hometown Urgent Care. New Premier Physician Network alternatives such as e-visits and now, Premier Virtual Care video visits, also offer convenience and lower cost. In the case of our Premier Health Plans covered members, they may access any Minute Clinic in the United States, and students may access any University Student Health Center in the United States as an in-network provider.

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## Premier Health Research at a Glance

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.

Through some of our own research in PubMed, we found the following physicians have published this quarter:

- Drs. Richard Laughlin, Michael Boin, Matthew Dorweiler published "Suture-Only Repair Versus Suture Anchor-Augmented Repair for Achilles Tendon Ruptures With a Short Distal Stump: A Biomechanical Comparison" in the Orthopedic Journal of Sports Medicine January 2017. Summary: Adding suture anchors to the repair of the Achille tendon may result in biomechanically stronger repairs compared with a suture-only technique.
- Dr. David McKenna contributed to "A Statewide Progestogen Promotion Program in Ohio" cited in Obstetrics and Gynecology February 2017. Summary: Use of progestogen therapy reduces premature births in Ohio by 10 percent.
- Dr. Douglas Songer was part of group that published "Elucidating the association between the self-harm inventory and several borderline personality measures in an inpatient psychiatric

sample" in the International Journal of Psychiatry in Clinical Practice, March 2017. Objective: The current study evaluated the utility of the self-harm inventory (SHI) as a proxy for and screening measure of borderline personality disorder (BPD) using several diagnostic and statistical manual of mental disorders (DSM)-based BPD measures as criteria.

- Dr. Ugochukwu Ozumba contributed to the published article "Providing Feedback on Clinical Performance to Hospitalists: Experience Using a New Metric Tool to Assess Inpatient Satisfaction With Care From Hospitalists" in the Journal of Continuing Education in Health Professionals, Winter 2016. Introduction: Physicians have been shown to possess limited ability for accurate self-assessment; thus, effective feedback is crucial for their professional development. This study describes providers' reflections on their data and evaluates the hospitalist physicians' impressions about receiving this feedback derived from a new survey metric specifically designed to obtain patient assessment of their treating hospitalist provider coupled with reflective sessions.

If you have published articles you want to share, please email Kara Hitchens at [klhitchens@premierhealth.com](mailto:klhitchens@premierhealth.com)

# Changes Made to Transcription Access, Support

Starting this month, Premier Health will be moving to a new infrastructure for managing conventional transcription. With the newer tools, such as the Dragon Medical One product and Epic's improved documentation aids, transcription volumes continue to decline. It is still used in some areas and we want to make sure it remains efficient and reliable. As a result, we will be moving off of our older current systems to the latest eScription platform.

Much of this transition will be seamless to the users, as the same basic workflows will continue for signing and viewing transcribed reports in Epic. In addition, the people with whom we work today will continue to perform the actual transcription. There should be no change in content or quality.

Several things have changed for some users. First, we will be moving to one transcriber ID number across the Premier Health system. If you began using transcription after the Epic implementation at your hospital, you are already using the new six-digit number. Those with the older three- and four-digit dictation numbers will need to move to the new six-digit format. Also, there will be a single Premier Health number, so no longer will some have different ID numbers at different hospitals. Remote access to the system will also move to a single toll-free number for all of Premier Health. Currently, some sites are using MRN number for the patient ID, and others are using the CSN

number. In the new system, all will be using the CSN number, which is more accurate for aligning the report with the correct patient encounter. This number will be visible to all users in the patient chart header for easy reference.

For more information, contact Technical Education and Support. Also watch for the handy wallet reference cards for prompting users with the new information.



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## Cookouts to Celebrate EMS Providers

National EMS Week, May 21-27, recognizes first responders, firefighters, EMTs, and paramedics who give their all to save lives. This year's theme, EMS STRONG: Always in Service, honors the men and women on the front line working 24 hours a day, seven days per week.

Premier Health will be taking this opportunity to celebrate these heroes with cookouts at each emergency location. EMS officials will also be able to complete an educational story board and be entered into a raffle for donated items, including an iPad and tickets to area sporting and cultural events. During EMS Week, please take the time to thank these local heroes for all they do for our patients and the community.

**EMS  STRONG**  
**ALWAYS**  
**IN SERVICE**



# A New CMO, Expansion News, and Encouraging Clinical Excellence

**Atrium Medical Center and Upper Valley Medical Center** have been named recipients of the Healthgrades Patient Safety Excellence Award™, placing them among the top 5 percent of hospitals in the nation. This is the third consecutive year that Atrium has received the distinction.



The award demonstrates that the hospitals have found ways to measurably improve patient safety during the past year, had better-than-expected clinical outcomes, and were leaders in preventing safety incidents, according to Healthgrades, an online resource for comprehensive information about physicians and hospitals.

“This award is a testament to the hard work of our caregivers and the employees who support them,” said Michael Uhl, president of Atrium Medical Center. “It underscores the peace of mind that Atrium’s patients and families can have in knowing that they and their loved ones are in good hands.”

“We are delighted that Healthgrades has recognized our employees’ hard work to ensure patient safety,” said Becky Rice, president of Upper Valley Medical Center. “This award validates the faith placed in our hospital each and every day by families throughout Miami County and beyond.”

The award evaluates the patient safety performance at a hospital by measuring the rate at which serious, potentially preventable complications and adverse events occurred against 13 indicators defined by the Agency for Healthcare Research and Quality (AHRQ).

## **Atrium Medical Center**

Mathew Reeves, DO, has joined the Premier Health team as chief medical officer of Atrium Medical Center. Dr. Reeves received his medical degree from Michigan State University in 1995, followed by residency training in family medicine and a fellowship in sports medicine, both from Michigan State. In 2016 he completed his master’s degree in business administration from Indiana University Kelley School of Business in Indianapolis. He served as a U.S. Navy Flight Surgeon from 1996 to 1999. He most recently served as a clinical assistant professor of family medicine as well as an associate medical director and physician advisor in revenue cycle services at Indianapolis University.

To meet a need for more primary care providers in Liberty Township, Premier Health and Atrium Medical Center plan to build a new

health center to expand services in the growing Butler County community. The health system has purchased nearly three acres of land at 6615 Cincinnati Dayton Road, the future site of an approximately 12,000-square-foot facility housing a primary care practice, specialty physicians, and potentially other services. The project is still in the planning stages. Next steps include selecting a developer to begin construction ahead of an anticipated 2018 opening.

“Expanding in a key community for the hospital’s service area helps Premier Health and Atrium Medical Center meet their mission to improve the health of the communities we serve, and meet a need for more health services in Liberty Township closer to where people live,” said Michael Uhl, president of Atrium Medical Center. “Liberty Township is an important part of Premier Health’s strategy to evolve services to meet the changing health needs of the region,” Uhl said. Once work is complete, Liberty Family Medicine, a primary care practice and part of the Premier Physician Network, will relocate to the Cincinnati Dayton Road site from existing leased space, also in the township. The new building will give Liberty Family Medicine room to expand and add more health care providers. Additionally, plans call for the new facility to make room for other health services.

## **Good Samaritan Hospital**

Premier Health and Good Samaritan Hospital will add 46 inpatient beds as part of an expansion of services at the Good Samaritan North Health Center campus. The health center will begin providing elective orthopedic joint and spine services in late 2018. The decision to expand reflects the strong community demand for the health center’s services. Good Samaritan Hospital North Emergency Center, for example, had about 18,000 visitors in its first year, exceeding projections by nearly 15 percent.





“We are delighted, for the first time, to make inpatient care available closer to home for residents of our community,” said Eloise Broner, president of Good Samaritan Hospital. “We have been dedicated to delivering quality, convenient care here for 22 years. Today’s announcement reinforces that long-term commitment to meet our community’s evolving health needs.”

Patient rooms will be built in existing shell space on the health center’s second and third floors as part of the \$40 million construction project. Five operating rooms will be built on the ground floor, also within the health center’s existing footprint.

“As people grow older or sustain an injury through work or play, they often elect to have procedures such as joint or back surgery,” said Kathy Harper, vice president of operations at Good Samaritan North Health Center. “Demand for these services is growing, so we want to do our part to help people age gracefully and remain active in their communities.”

Good Samaritan North Health Center opened in 1995, and expanded in 1999 and again in 2015. Its 52-acre campus is home to a sports medicine center, breast center, cancer center, emergency department, surgery center, diagnostic testing, rehabilitation services, and private physician offices.

#### Miami Valley Hospital



April marked National Donate Life Month. This recognition was instituted by Donate Life America and its partnering organizations in 2003 to bring attention to organ, tissue, and eye donation and to help encourage Americans to become a registered organ donor. In observance, Miami Valley Hospital hosted a special donor/tissue celebration in the Interfaith

Chapel. The special guest speakers included Bill Repp. Bill, now 57, was in need of a heart and was added to the donor list in August 2013. He received his gift of life from Luke Thomas Lapine. Luke was 19 years old, from New Vienna, Ohio; he worked for the road crew for the Clinton County Highway Department. Luke fell off of the back of a truck and sustained a severe head injury that led to his death. Luke’s mother, Shelby Lapine, shared with MVH staff and visitors about her son’s multiple organ donations.

#### Upper Valley Medical Center

Upper Valley Medical Center (UVMC) has again received a top score in patient safety from the Leapfrog Group, a national patient safety watchdog organization. The hospital received an “A” grade in the spring 2017 safety report.

The letter grades are used to rate hospitals’ performance in preventing infections, medical errors and on-site accidents, along with their methods for keeping patients safe and informed

properly. These scores are determined using hospital safety criteria from a survey conducted by the Leapfrog Group or reported to the Centers for Medicare and Medicaid Services. The grades are issued in the spring and fall. UVMC previously received an “A” in both spring and fall 2016.

“We’re very honored to receive Leapfrog’s patient safety recognition again this year,” said Becky Rice, UVMC president. “Patient safety and quality care are at the center of all we do. This takes a personal commitment and shared responsibility among our care teams. We are all dedicated to this mission every day for every one of our patients.” Only 31 percent of hospitals earned an “A” grade for patient safety from the Leapfrog Group in this most recent round of scoring. “Receiving this distinction for three consecutive scoring periods is a testament to the pride that exists at Upper Valley Medical Center to achieve ‘A’-grade results for our patients,” said Mike Maiberger, executive vice president and chief operating officer of Premier Health, which includes UVMC.

The UVMC Center for Sports Medicine hosted an open house in April featuring the Center’s new AlterG antigravity treadmill. The innovative unit, funded by the UVMC Foundation, uses precise “unweighting technology” which reduces gravity’s impact on joints and muscles. It expands the potential for physical therapy rehabilitation to help a broader spectrum of individuals—from top athletes to orthopedic, neurologic, pediatric, or geriatric patients—to achieve personal health, wellness or performance goals. UVMC’s Koester Pavilion nursing home also has an AlterG unit; however, the Center for Sports Medicine is the only outpatient rehabilitation facility in the Dayton region to offer this technology.

Dr. Jennifer Hauler, CMO of UVMC and Premier Health’s northern region, was featured in a March 27 Modern Healthcare article about doctors pursuing advanced degrees in business/finance. The article explored this trend in health care as financial success is becoming more closely tied to clinical outcomes and medical practitioners are more integrated into the business operations of hospitals. Dr. Hauler graduated from Indiana University’s Business of Medicine Physician MBA program in 2016.

A new monthly Patient Experience Excellence Award has been launched at UVMC to help emphasize the continuing importance of everyone’s focus on the patient experience. The recognition features two traveling trophies to be awarded to the nursing unit and “essential partners” department with the greatest improvement in patient experience scores from the previous month. The first recipients of the award were ICU/PCI and Laboratory.



# A Natural Approach to Childbirth

Lori Scalise, vice president, Service Integration Women's Health



**Come See Our Newest Arrival...**

**A Natural Approach to Childbirth**

Natural Beginnings is the only natural birth center in the greater Cincinnati area. We are located inside Atrium Medical Center, a full service hospital that offers private, home-like rooms with modern comfortable surroundings.

**Join us at our Open House Sunday, April 30th 1 to 3 p.m.**

**Premier Health Atrium Medical Center**

- Meet our maternity team, including physicians, midwives, childbirth educators, and lactation consultants
- Tour our new rooms specially designed for Natural Beginnings Families
- Q102 will be broadcasting live
- A chance to win a \$50 Amazon gift card
- Enjoy light refreshments

Events and all activities are FREE.

To learn more about Natural Beginnings, visit [atriummedcenter.org/naturalbeginnings](http://atriummedcenter.org/naturalbeginnings)

**Natural Beginnings Birth Center**  
One Medical Center Dr.  
Middletown, Ohio  
1-75 to State Route 122 exit  
Go east on State Route 122  
Left on Union Rd,  
Right at first light.  
Please enter through the main hospital entrance.  
Convenient parking is available in Lots A and B.

Natural Beginnings Birth Center opened April 30 at Atrium Medical Center as the only natural birth center in the greater Cincinnati area. This birthing option was made possible as part of a renovation of Atrium's birthing and Level II special care nursery. The nursery now offers private, home-like rooms with modern, comfortable surroundings. It is the second natural birthing center at Premier Health, with Miami Valley Hospital's Family Beginnings Birth Center being the first and only accredited birthing center in Ohio.



In addition to our board-certified obstetricians, we have certified nurse midwives on staff to support this natural birthing approach. The center offers labor-coping interventions, birthing balls, massage therapy, aromatherapy and hydrotherapy.

There is a specific enrollment process for these low-risk patients. We are unable to enroll women who:

- are under a physician's care for medical conditions which may affect pregnancy
- are expecting any pregnancy complications which may influence labor or birth
- are anticipating complications with a newborn
- had a previous cesarean delivery
- have a condition which may require a difficult course of treatment or intervention.



# Do progestogens prevent preterm birth?

Maybe. Preterm birth is responsible for the bulk of neonatal morbidity and mortality, and is the No. 1 cause of infant mortality. In addition, treatment for preterm labor is expensive, disrupts families, and increases length of stay. Prevention of preterm birth has many medical and social benefits. The current American College of Obstetricians (ACOG) recommendations for using progestogens to prevent spontaneous preterm birth (SPTB) are summarized below:

INDICATION	TREATMENT
Singleton gestation and history of prior SPTB	17 a-hydroxyprogesterone caproate (250 mg weekly injections), starting at 16 to 24 weeks until 37 weeks.
Singleton gestation without prior SPTB and asymptomatic short cervix (20 mm or less before or at 24 weeks)	Vaginal progesterone. Either micronized progesterone 200 mg nightly, or 90-100 mg progesterone gel nightly, from diagnosis until 37 weeks.
Twins or high order multiples	Progesterone is not recommended to prevent SPTB

## ACOG Practice Bulletin 130, October 2012

Although these recommendations may appear to be straightforward, this is a controversial subject. Several recent studies have cast doubts on the efficacy of progestogens to prevent SPTB. I would like to highlight a few here:

- 17 a-hydroxyprogesterone caproate (17-P) did not reduce the rate of recurrent preterm birth in a prospective cohort study.** This study was conducted at Parkland Memorial Hospital in Dallas, Texas. The authors compared the rate of recurrent SPTB women who received 17-P to the historical rate of recurrent SPTB when 17-P was not used. They found no difference in the observed rate of recurrent SPTB, and also found a higher rate of gestational diabetes.
- Vaginal progesterone prophylaxis for preterm birth prevention (the OPPTIMUM study): a multicenter, randomized, double-blind trial.** This was a multicenter study conducted at 65 hospitals in the United Kingdom and one Swedish hospital. Women were randomized to receive vaginal progesterone or placebo for either a history of a prior SPTB, a cervical length of 25 mm or less, or a positive fetal fibronectin combined with other risk factors. The authors found vaginal progesterone was not associated with a reduced risk of SPTB or composite neonatal outcomes.
- Predictive accuracy of serial transvaginal cervical lengths and quantitative vaginal fetal fibronectin levels for spontaneous preterm birth among nulliparous women.** This was a prospective observational, non-interventional study of nulliparous women with singleton gestations. The authors found neither quantitative fetal fibronectin nor serial transvaginal ultrasound, alone or in combination, had a high predictive value for SPTB.

How do these apparent contradictory findings reconcile with the ACOG recommendations and your current practices here in Ohio? First, it is important to recognize that there are different levels of scientific evidence and ACOG recommendations are based upon Level A evidence (all three have been evaluated in randomized controlled trials). Second, populations and clinical practices vary, and what was achieved in a research protocol may not be the same as what is achieved in your clinical practice. This second point is highlighted by this final study:

**A statewide progestogen promotion program in Ohio.** This reports the outcomes of the Ohio Perinatal Quality Collaborative's (OPQC) project to reduce preterm birth by using quality improvement methodology to implement the ACOG recommendations. Specifically, cervical length screening by transvaginal ultrasound, and treatment with a progestogen for women with a prior SPTB or an asymptomatic short cervix. The Five Rivers Center for Women's Health was one of the 20 participating clinics. **The project demonstrated a sustained reduction in singleton births before 32 weeks in Ohio.**

Progestogens are not a panacea and do not prevent all preterm deliveries. There are many other factors that contribute to SPTB. However, prescribing a recommended progestogen is safe, has a low side-effect profile, and may be beneficial. In Ohio, we demonstrated that a program promoting the ACOG recommendations reduces preterm birth in our practices. I will keep you up-to-date as more unfolds on this topic.



*This article was provided by David S. McKenna, MD, RDMS (pictured above), of the Maternal-Fetal Medicine department at Miami Valley Hospital*





# Emergency Department Expansion Nearly Complete

**By Patrick Larreategui, DO, FACOS, president medical staff,  
Upper Valley Medical Center**



Upper Valley Medical Center is completing the final steps of a multi-phase emergency department (ED) expansion and renovation project. The ED treats over 50,000 patients yearly and has seen steady increases in volume attributed to several factors including changes in health care laws, a lack of family medical professionals, and a shift in the overall demographics in the area.

The project includes 26,300 square feet of new construction and 16,800 square feet of renovation for a total of 43,100 square feet. The emergency department has remained open throughout the expansion project.

The number of emergency treatment rooms, 28 prior to expansion, will be increased to 36 with the ability to flex up to 38 treatment beds, which includes seven specialty care treatment beds for trauma and behavior health.

The expanded ED includes medical imaging services encompassing a CT unit and

X-Ray unit to provide faster turnaround. In addition, the renovation of the medical imaging space adjacent to the ED will include a second MRI unit.

The renovated/expanded ED patient rooms are larger and have identical functionality, aiding the staff in providing more efficient and safer care to patients. The rooms feature substantial upgrades in technology.

More than 75 individuals were involved in the design and planning including registration, imaging, lab, respiratory therapy, ED staff, emergency ambulance squad representatives, and others.

The final phases of the project will be completed in mid-2017. Upper Valley Medical Center Emergency Department's expansion is a tangible sign of UVMC/Premier Health's vision and mission to build healthier communities.





# A Cook With A Hunger for Science and Helping Others



**Esteban Cheng-Ching, MD**, sees patients at the Clinical Neuroscience Institute

**What is your specialty?**  
Neurointerventional surgery and

vascular neurology

## What brought you to Premier Health?

I started looking for a job in this area when my wife was accepted to do her pediatric gastroenterology fellowship in Cincinnati. Even though I considered other places to work prior to coming here, when I came to Miami Valley Hospital for the first time I was very impressed by the facilities, the tremendous potential growth of the Clinical Neuroscience Institute, and the great group of people working here. It just made sense for me to come here, as I knew that I would find all the resources and support to practice good medicine, teach students and residents, and help the patients of our community.

## Why did you choose medicine as a career?

I have always been very curious and interested in science. I also enjoy the possibility of helping people. Medicine allows me to do both at the same time.

Furthermore, practicing medicine in an environment like this allows me to learn, teach and help others.

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

Over the years, I have admired many professors and physicians who have taught me what I know about medicine. But the people who have influenced me the most as a human being are my parents, and I am a better doctor and person because of them.

## How do you describe your bedside manner?

I still remember being a family member of a patient and waiting for hours at the bedside for the doctor to come. I also remember not getting clear or complete explanations, and not knowing what to expect next. As a physician, I have taken these experiences with me to treat my patients and their families as I would like to be treated. I like to sit by the patient and listen to what they have to say. I always try to explain everything that I can in non-medical terms, and make sure that there is a clear understanding and clear expectations. I try to imagine what I would think or feel if I were in their shoes.

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

I enjoy cooking and I am good at it (or so I have been told).

## How do you want to be remembered?

As a good father and good husband.  
As a good human being.

## What is the last book you read?

*World Without End* by Ken Follett.  
I am currently reading *Life And Death Are Wearing Me Out* by Mo Yan.

## What is your favorite song in your playlist?

"Todo se transforma" (Everything transforms) by Jorge Drexler. It talks about the fact that everything is in constant change. Nothing is ever lost; it transforms into something else.

## iPhone or Android?

iPhone

## Early bird or night owl?

I am kind of in between. Not too late, not too early. If I have to choose, I prefer to be an early bird.

## Beach bum or mountain hiker?

I love the mountain.

## Dress shoes or tennis shoes?

As a runner, I love wearing my tennis shoes all the time and everywhere. I have to admit that I am also very attracted to nice dress shoes but I take them off as soon as I can.

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## E-Prescribing Now Available to Many Inpatient Units

Premier Health is offering the ability for all of our patient prescriptions generated outside of the emergency department to be sent electronically to the patient's pharmacy. The Premier Health ambulatory offices have been using this for a number of years, and nearly all of those scripts are sent this way. The inpatient hospital units were recently added. Patients appreciate the

ability to quickly pick up their medications at the pharmacy without having to drop off the paper and wait until the pharmacy can fill them.

In addition, this is safer for patients as the risk of transcription errors in the pharmacy is eliminated. Meaningful Use also requires 10 percent of all prescriptions to be sent

electronically from the hospital so that the institution qualifies for the meaningful use incentive. Several states, including New York, already mandate that all prescriptions are sent electronically so they can take advantage of safety benefits. It is very easy to do, so try it out if you have not already. Make your patient happy!



## Premier Health Offers Partners in Long-Term Care

As greater emphasis is placed upon monitoring the continuum of patient care, Premier Health's long-term care facilities can be important resources for area physicians.

Koester Pavilion, on the campus of Upper Valley Medical Center between Troy and Piqua, and SpringMeade Health Center in Tipp City, help bridge the vital gap for patients who are being discharged from the hospital but who may not be quite ready to return home.

"We do take more clinical patients since we're on the Upper Valley Medical Center campus," said Amy Kentner, administrator, Koester Pavilion. "Many doctors may not know we can accept patients with a fresh tracheostomy, or that we can administer total parenteral nutrition. We can even do CAPD in-house instead of transporting patients to a separate dialysis facility."

Both facilities can play key roles in the effort to reduce hospital readmissions, which improves patient outcomes and aids in reimbursement. This begins with a thorough admission process which puts physicians in direct communication with the facilities' medical directors.

"We want physicians to see us as a front-line resource to close that gap within the network," said Kentner. "I know Koester and SpringMeade are both willing to take calls evenings and weekends to help get patients transitioned."

In addition, discharge planners, known as nurse navigators, act as a patient's single point of contact. The nurse navigator meets with patients within the first 24 hours of admission to discuss their goals, needs, and to learn more about their expectations from the team. After a patient is discharged, the nurse navigator follows up with them over the next 30 days to ensure their successful compliance and meet any additional needs.

"The whole goal is to make sure that person is doing all the things to be successful in the home," said Tom Nick, administrator,

SpringMeade Health Center. "We can do some things early on to get them help rather than have them go right back into readmission to the hospital."

Ensuring that patients receive a high level of care is a priority at both facilities.

SpringMeade Health Center, for example, has achieved a "deficiency-free" designation from the Ohio Department of Health for three straight years and also enjoys a four star quality rating through the Centers for Medicare and Medicaid Services. This 99-bed facility is also preparing to break ground on a new 15-bed expansion.

"This is an exciting development since these will all be private rooms with showers. We'll also have a brand new, much larger and better equipped therapy gym when construction is complete," said Nick.

At 135 beds, Koester Pavilion is equipped with one of the latest therapeutic tools to assist in patient recovery. Patients have access to the AlterG treadmill. Thanks to the security of a suspended harness, patients can utilize the treadmill in a controlled environment at a mere fraction of their body weight.

Additionally, SpringMeade and Koester are partnered with Upper Valley Medical Center's respiratory, orthopedic, and joint programs, and both are working with Premier Health to utilize the same patient education materials used in the hospitals to reinforce key messages to improve patient compliance and education.

"We want doctors to know we are here for them 24 hours a day, seven days a week," said Nick. "We're constantly looking for ways to meet doctors' needs and ask them what keeps them up at night. Though things seem to change rapidly, we're constantly trying to stay on top of what their needs are and create solutions to meet them."



# THE ULTIMATE OFF-ROAD VEHICLE.

**Nearly 325,000 people made emergency visits to Premier Health in 2016.**

Many arrived by our transport services.

It's easy to see why. First in the region with helicopters. Four of the fastest helicopters fully equipped with advanced technologies.

Largest mobile fleet. You can also count on nurses and paramedics with at least three years of critical care experience. For more than 33 years, 70,000 patients have counted on us for transport. You can too.



#### **Emergency Center Locations:**

Miami Valley Hospital –  
Level I Trauma Center  
*Miami Valley Hospital South  
Jamestown Emergency Center*

Good Samaritan Hospital – Dayton  
*North Emergency Center*

Atrium Medical Center –  
Level III Trauma Center  
*Mason Emergency Center*

Upper Valley Medical Center



# Catering to a Healthier You



Premier Health made changes to its catering service that took effect May 1.

These changes are part of a broader effort to improve employee health, including biometric screenings and workplace wellness challenges such as the recent Weigh 2 Win challenge and our upcoming walking challenge in April. Such efforts already have paid significant dividends. For example, we have seen the percentage of employees who are at “high health risk” decrease from 5.3 percent in 2013 to 2.4 percent in 2016. In addition, nearly 1,700 employees lost a combined 2.6 tons of weight through our weight race in 2016.

Our initiatives to create a culture of wellness have garnered multiple awards, including the American Heart Association’s Fit Friendly Worksite – Gold Award; the Healthy Ohio

Business Council’s Healthy Workplace Silver Award Winner award; and the Dayton Business Journal’s Healthiest Employers award.

The changes are as follows:

## **A More Healthful Catering Menu**

We will be offering an array of more healthful dining choices that meet the Premier Healthy Living standards for green items. To qualify as a “green” item:

- an entrée must have fewer than 600 calories, with less than a third of those calories coming from fat, and must have fewer than 750 mg of sodium
- soups and side dishes must have fewer than 200 calories, with less than a third of those calories coming from fat, and must have fewer than 350 mg of sodium

New catering menus will be published that meet the guidelines, and all catering requests will utilize the selections from the new menus.

## **More Healthful Retail Food Choices**

We will no longer prepare deep-fried foods in our retail areas. Items that are currently deep fried will not be removed from our menu; instead, we will use more healthful preparation alternatives, such as baking. Deep fryers were removed from many of our retail areas years ago. This step removes the remaining fryers in operation. Over time, more items sold by Premier Health will qualify for a “green leaf” designation.

We are sure, as health care professionals, you can support these changes and will help reinforce them with your colleagues and patients.

## 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](http://atriummedcenter.org/ournewphysicians)

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