Welcome to the first issue of Continuum’s Quality and Patient Safety Newsletter. Today, hospitals across the nation are focusing their resources on providing the safest and highest quality care possible, with the aim of reducing, and ultimately eliminating, adverse events and outcomes. By following best practices and evidence-based medicine guidelines, these institutions are indeed improving both the safety of their patients and the quality of their care.

Here at Continuum Health Partners, clinical quality and patient safety remain top priorities, and we strive to be a model and leader in both of these areas. Our Trustees Committee on Quality Care is charged with ensuring that our hospitals are doing everything possible to keep patients safe and provide them with the highest quality care, and we will update you in a future issue on the Board’s role in monitoring this.

While we have made great strides over the past several years, there is much more to be done, and we continue to rely on the contributions and commitment of all our physicians and employees.

In today’s health care marketplace, where both payors and the public are demanding safe, streamlined, cost-effective procedures and processes, it is critical that we drive the absolute best practices throughout Continuum. It is everyone’s responsibility to take action if we are to build a clinical system that optimizes the quality and safety of care delivered to our patients. We are committed to transparency, and sharing our performance data on a regular basis is our way of showing how we are achieving this goal.

We hope you find this newsletter informative. As always, we invite your comments and ideas.

Lawrence S. Huntington
Chairman, Board of Trustees

Stanley Brezenoff
President and Chief Executive Officer

Announcing the Board of Trustees Award for Quality and Patient Safety

We are pleased to announce the establishment of the annual Board of Trustees Award for Quality and Patient Safety. This award was created by our Board of Trustees Committee on Quality Care to encourage, recognize and reward our employees for their innovations and ideas in improving patient safety and care. Project eligibility includes:

• positive change in the underuse, overuse or misuse of services
• demonstrated reduction in medical errors
• proven enhancement in quality and safety.

Look for details on the application process in upcoming Quality and Patient Safety communications.

For Awards & Recognition, see page 2.
Gregg Husk, MD, Appointed Director of Clinical Management

In 2005, Continuum launched the Clinical Management Program, a strategic initiative involving clinicians from all our hospitals. The goal of this program is to make sure we are delivering the highest quality care that is clinically appropriate and uses our resources in the most efficient and effective way.

Gregg Husk, MD, was named Director of the initiative in 2007. He continues as Chairman of Beth Israel’s David B. Kriser Department of Emergency Medicine, where he has served since 1996. Dr. Husk joined Continuum in 1982 and was Director of both the Emergency Department and the Residency Program at St. Luke’s and Roosevelt Hospitals.

As Director of Clinical Management, Dr. Husk has been working closely with the PRISM team, the medical directors at each hospital, and clinical leaders throughout the system to promote and further the initiative. He has been particularly instrumental in developing reports profiling the clinical appropriateness of selected drugs.

Dr. Husk recently took on another important role in the initiative. He now also heads a Clinical Information Steering Committee aimed at ensuring that clinical staff can help set the agenda for clinical information technology.

The goals are to both orient all providers to Continuum’s clinical informatics infrastructure and give them a “director-level seat at the table” to offer input on IT usage and long-term strategies.

In addition to Dr. Husk, Clinical Management’s leadership team includes Denise Pelle, Senior Vice President, Corporate Initiatives; James Jones, MD, Nephrology Attending, St. Luke’s and Roosevelt Hospitals; Laurie Anne Buckenberger, RN, MSN, ANP, Clinical Director, Information Services, Continuum; Deborah Wible, PharmD, Chief Pharmacy Officer, Continuum; and Sasha Lalite, Analyst, Continuum.

Highlights

AWARDS AND RECOGNITION 2008

• Continuum Health Partners was named one of the nation’s “Top 100 Most Wired Hospitals” by Hospitals and Health Networks magazine.

• The New York Eye and Ear Infirmary was named one of “America’s Best Hospitals” in the annual U.S. News and World Report’s America’s Best Hospitals survey.

• Beth Israel Medical Center received the HANYS Pinnacle Award for Quality Improvement and Patient Safety for successfully reducing hospital-acquired infections, specifically methicillin-resistant staphylococcus aureus (MRSA) infections.

• BI has been chosen as one of seven nonprofit health organizations to share in more than $1.2 million in funding from the NYSDOH for demonstration projects that will focus on the prevention of infections acquired in hospitals.

• The Department of Orthopedic Surgery at BI earned numerous high-quality ratings in 2008 from HealthGrades, a leading independent hospital ratings organization. Orthopedics was rated “Best in Manhattan” for overall orthopedics services, and earned Five Star (Best) ratings for Spine Surgery, Joint Replacement and Hip Fracture Repair. It also received the HealthGrades Orthopedic Surgery and Spine Surgery Excellence Awards.

• BI and St. Luke’s and Roosevelt Hospitals were declared premium specialty centers and awarded three stars by United HealthCare for their respective spine surgery and total joint replacement programs. The designation means that BI and SLR meet or exceed nationally recognized standards of care for these two specialties.

• BI was recently recognized by both the American Heart Association and American Stroke Association for its use of their “Get with the Guidelines” program in treating cardiac and stroke patients. The hospital-based quality improvement program is designed to ensure that hospitals consistently care for cardiac and stroke patients following the most up-to-date guidelines and recommendations.

• The Carson Family Charitable Trust recently provided the James P. Mara Center for Lung Disease at SLR with a $2 million commitment to be paid over the next five years. The monies will be used to develop and expand the center’s programs.

If you have any suggestions or ideas about how to improve quality and patient safety at any of our hospitals, please contact Gregg Husk, MD, at ghusk@chpnet.org or Denise Pelle at dpelle@chpnet.org.
The Progress on PRISM Order Sets

More than 450 order sets have been entered into PRISM for a range of clinical disciplines, from bariatric surgery and interventional radiology to obstetrics and neurology. Many others will be added in the coming year, and all order sets will be continually reviewed, revised and updated as necessary as new medical practices, techniques and technologies are introduced.

To create the order sets, a committee of the Clinical Management Program—spearheaded by James Jones, MD, Nephrology Attending, SLR; Denise Pelle, Senior Vice President, Corporate Initiatives; and Laurie Anne Buckenberger, RN, MSN, ANP, Clinical Director, Information Services, Continuum—solicited the chief medical officers (CMOs) at all Continuum hospitals. The CMOs, in turn, selected specialists in each clinical area from their respective sites to continually provide input.

New to the order-set process is utilization tracking. Currently, while employment of the general-admission order set exceeds 90 percent, usage falls below 50 percent for disease-specific order sets. A default function has been incorporated into PRISM so that when an order set is called up, its utilization is tracked upon the very first key stroke.

Also new is the creation of eight order-set nests, which are clusters of disease-specific order sets. The nests were developed after the Clinical Management initiative determined the top 10 diagnoses warranting patient admissions. Most disease-specific order sets incorporate admission order sets, thereby reducing the number of clicks necessary to write a complete set of admission orders.

The overall goal is to improve patient flow and increase usage of all order sets. “Order sets are based on evidence-based medicine. They can only help standardize treatment and enhance patient care in the long run,” notes Dr. Jones.

Continuum Enhances PRISM and Other Information Technologies

With information technology at the core of the Clinical Management initiative, upgrades of computer programs across Continuum are ongoing. PRISM, in particular, has undergone numerous enhancements, in addition to incorporating hundreds of order sets.

To start, computer screens have been modified for easier navigation, and nursing documentation has been stepped up to include flow sheets and more comprehensive recording. Nursing staff also are accessing more reports from PRISM to improve quality and compliance. For instance, where before just a handful of pressure ulcer reports were reviewed, now all of them are looked at on a weekly basis.

Other refinements include the integration of Metrocall paging and Lexi-Comp into PRISM. Through Metrocall, text messages now can be sent directly from PRISM to pagers and no longer require operator assistance. Lexi-Comp, an online reference tool, provides patient education materials, drug interaction information and patient handouts in 16 languages; it is a tremendous real-time resource for physicians, nurses and clinicians.

Beth Israel’s Kings Highway Division, the last Continuum site to go live with PRISM, will complete the assimilation this winter with the implementation of CPOE. Other plans for PRISM in 2008 include enhanced remote access and an integrated handoff system to better ensure patient status reporting between outgoing and incoming physicians.

Specific Clinical Applications

Upgrades, as well as new technologies, also are being implemented in many clinical areas throughout Continuum. They are:

- **EKG Muse**, to be upgraded and rolled out to all sites;
- **Image Cast (IDX-Rad)**, to be upgraded to version 10, which will make radiology images available through PRISM;
- **Ipath**, to be upgraded for improved perioperative documentation and OR scheduling;
- **Healthmatics (HMED)**, the electronic Emergency Department documentation/CPOE system, now activated at LICH and BI-Kings Highway, and also available for review by all providers;
- **Provation**, to render electronic endoscopy reports; currently live at SLR and BI, with LICH to follow.

“Our ultimate goal is to get all our data into PRISM,” notes Laurie Anne Buckenberger, RN, MSN, ANP, Clinical Director of Information Services for Continuum. “Phase one was about going live. Now we’re starting to take advantage of all PRISM’s capabilities. It’s very exciting.”

To offer IT suggestions, send an e-mail to SRMAdmin@chpnet.org.
News Briefs

ACCOMPLISHMENTS IN 2007

A Drug Utilization Committee was formed in 2005 to examine the appropriateness of high-use and high-cost drugs. The committee is chaired by Gregg Husk, MD, and includes chief medical officers, pharmacy specialists, and clinical informatics and physician representatives from all Continuum hospitals.

In 2007, the work of this committee resulted in a demonstrated savings of $1.5 million in drug spending from FY 06 to FY 07. This was achieved through concurrent monitoring reports, changes in usage and approval processes focusing on EpoGen, Enoxaparin, Caspofungin and Advair.

Standardization of formulary drugs and IV solutions throughout Continuum is a key component of the Clinical Management initiative. The committee is looking to PRISM’s CPOE system to facilitate this ongoing objective.

“We’re trying to assist our hospitals in better understanding their use of non-formulary drugs,” says Dr. Husk. “There will always be instances where individual medications are needed, but we want to try to ensure that formulary drugs are routinely available and administered as part of order sets.”

The same holds true for IV solutions. It is through PRISM’s order entry system that physicians, residents, nurses and pharmacists are able to document their administration of medications and IVs and help with the standardization.

“This is the year of PRISM,” adds Dr. Husk. “We really do envision utilizing all the information in the order sets to improve decision-making and eliminate errors.”

AGENDA FOR 2008

As Clinical Management moves ahead, areas under review this year include:

- **Medication Reconciliation:** When a patient moves through the continuum of care (from the ER to an inpatient unit, for example), practitioners at each level may not be aware of which drugs have already been given to that patient and what their side effects may be. Existing software solutions are being evaluated and discussed among physicians, nurses, pharmacists, administrative leadership, and QA and informatics representatives to ensure patient safety and see that all medications administered in such situations are compatible.

- **Anti-Infectives/Antifungals:** The appropriate use of these drug classes is under question. The Clinical Management initiative is teaming up with the Infectious Disease and Pharmacy Departments and evaluating microbiology data for patients on these medications to identify opportunities for improvement.

- **Anticoagulants:** According to the National Patient Safety Goals, a small number of medicines can pose a disproportionate risk to a patient’s health—anticogulants like heparin are among them, due to the complexity of dosing and the high incidence of adverse side effects. Anticoagulant usage at Continuum is being examined for safety.