



Southcoast  
Temptations

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# Coastlines

The Southcoast Health System Employee Newsletter

June 2005

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Quality Update

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### SOUTHCOAST PARTICIPATING IN NATIONAL REPORTING OF QUALITY MEASURES

Southcoast Hospitals is participating in a demonstration project by the U.S. Department of Health & Human Services (HHS) that makes public 17 hospital-focused quality measures.

"Southcoast's results are very favorable in comparison with results nationwide and among other Massachusetts hospitals," said Patrick Gannon, RPh, Vice President of Performance Improvement for Southcoast Hospitals.

The Centers for Medicare & Medicaid Services (CMS) began the work to see how quality data could be translated into information that could be useful to the general public when deciding where to receive health care. President George W. Bush later passed a revised Medicare budget bill that would give hospitals an improved "market basket adjustment" to reimbursement rates if they submitted quality data to CMS.

Southcoast had already agreed to submit data to the program, Gannon said, noting the "offer of higher reimbursement rates motivated many hospitals to submit data."

The measures are available on the HHS Hospital Compare Website and cover three clinical conditions: heart attack care, heart failure care and pneumonia care.

Southcoast decided to participate in the voluntary project because there had been instances where either outdated or inaccurate organization data was made public.

"We decided to work with Medicare to see if they could develop a more reliable and timely data system that would be accurate and useful to the public," Gannon said. "By participating, we also get to compare our results with that of other hospitals in the U.S. and Massachusetts. We were already collecting the data for JCAHO requirements, so it was a natural extension to send the same data to CMS.

"We have learned a lot from the experience," he said. "CMS also asked us for feedback on the procedure, much of which has been accepted and incorporated into their system changes."

Data for Southcoast is available via our Website at [www.southcoast.org/quality](http://www.southcoast.org/quality).



## Tobey ED doctor lives cultural values

Nancy Edwards, MD, is recognized as the ultimate patient advocate

While Southcoast is fortunate to have many fine physicians who are dedicated to providing the best possible care to patients, sometimes an individual comes along who excels in so many areas that they bear special recognition.

One such person is Nancy Edwards, MD, Medical Director of Emergency Services at Tobey Hospital.

Dr. Edwards was recognized by her peers and Southcoast leadership for her exemplary display of Southcoast's cultural values at the March Medical Executive Committee meeting at Tobey.

"Nancy displays our values both in her work and in the additional responsibilities she readily accepts within the hospital system and in the community," said Elaine Meredith, Vice President and Site Administrator for Tobey Hospital. "She really sets the standard for physician performance through her commitment to quality, her willingness to seek out and try new ways of doing things and her dedication to researching emerging medical practices and how they might work at Tobey."

Dr. Edwards has been involved in preparing Southcoast hospitals for designation as primary stroke centers, works on emergency preparedness efforts, has served on patient safety action and sentinel event teams and supports Tobey's philanthropic efforts. She is the President of the ED practice at Tobey, Medical Director of the Tobey ED and will take on the role of President of the Tobey medical staff in 2006. She also serves as Medical Director for the Region 5 Office of Emergency Medical Services, which extends from the Dighton-Rehoboth region to the Cape and Islands area.

Those interviewed for this article repeated the same characteristics: integrity, willingness to help, proactive, progressive, courageous, bold, fair, humble — the list goes on.

"Dr Edwards has been a valuable contributor and member of our teams," said Peter Guresh, OT/L, Vice President of Allied Health, who has worked with Dr. Edwards on patient safety action and sentinel event teams. "In our team meetings there are a number of challenges we face that can slow down decision making. Dr. Edwards' participation on these teams has enabled us to keep the process moving."

Patrick Gannon, RPh, Vice President of Performance Improvement, who has worked with Dr. Edwards on emergency preparedness is appreciative of her clarity of vision.

"When we started talking about emergency preparedness, she immediately understood that, as an ED physician, she and her colleagues would become some of the first ones at the hospital to deal with a large-scale emergency," Gannon said. "She has become a real champion in the area."

"Nancy is completely patient and quality focused," said Ellen Banach, Vice President of Strategic Services. "She always puts the well-

being of the patient first and she always contributes in a meaningful, positive way. She has a reputation for excellence and dedication."

Perhaps finding these characteristics in Dr. Edwards is not so surprising after hearing what she respects in others.

"I value honesty above all else," Dr. Edwards said. "When I tell someone I have done or am going to do something, they know it's true. And if I can't do something, I say so. I think people respect you when you do not make a promise you can't deliver on."

When asked what makes a good leader she said: "Being a good leader starts with being a good listener. You have to understand where another person is coming from. I think it's also important to understand the difference between being a boss and being a leader. A good leader is subtle. They lead without people noticing."

While her leadership may not be overt, its effect resonates throughout Southcoast and the community.

Bob Quirk, RN, Clinical Manager of the Tobey ED, works with Dr. Edwards both at the hospital and through the Office of Emergency Medical Services.

"She's the best physician/administrator you could ever hope for," he said. "And her work with the Office of EMS sets the path for others to follow."

Quirk and Dr. Edwards serve on different committees for the Office of EMS but Quirk said her influence is felt throughout the organization.

"When I am in an EMS meeting, her presence is definitely felt," he said. "Because of her work, our community hospital is seen at a different level than others. She brings that respect to the hospital."

According to another Nancy Edwards — the Chief Philanthropy Officer at Tobey, Dr. Edwards' generosity extends beyond her willingness to share her time. The two inadvertently receive many of each other's emails and became friends through the regular forwarding of mis-sent email.

"Over the years, Nancy has become a good sounding board for how to engage physicians and others in philanthropic support," Edwards said. "She understands the importance of supporting your community hospital and is not afraid to explain it to others."

Edwards said Dr. Edwards has supported all three major fundraising campaigns since she joined the hospital and has co-chaired the



Nancy Edwards, MD, is known for being completely patient and quality focused.

"Being a good leader starts with being a good listener. You have to understand where another person is coming from."

— Nancy Edwards, MD, Medical Director of Emergency Services at Tobey Hospital

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One of the nine new rooms that opened April 18 on the Crapo Unit at St. Luke's Hospital.



## Quality Indicators Update



Ronald B. Goodspeed,  
MD, MPH, FACP, FACPE  
President, Southcoast  
Hospitals Group

**CLINICAL/TECHNICAL OUTCOMES:** Medication error reporting rates remain stable — this is good news.

The medication error severity reporting index increased slightly from 2.01 to 2.15 between the fourth quarter of FY04 and the first quarter of FY05. While there were no severe medication events that contributed to this increase, several of the reported events required more intervention, monitoring or treatment than events reported in the previous quarter. Upon preliminary review, the events seem to involve more injectable drug products than orally administered medications. The medication error events will be reviewed by the existing MedQuip teams within Southcoast that review medication safety events for trending, analysis and action planning as warranted.

Cardiac Surgery indicators continue to show that our program performs better than the national benchmark average for mortality and major complications, but continues to fall behind on 30-day readmissions for any cause. Our 12-month readmission rate

trend is 11.8 percent compared with the national average of 8.4 percent. The cardiac surgery team is aware of this trend and has established several action plans. Our cardiac surgery volume trend continues to increase.

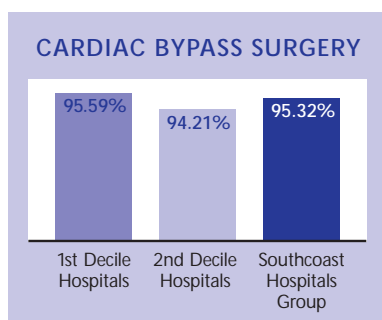
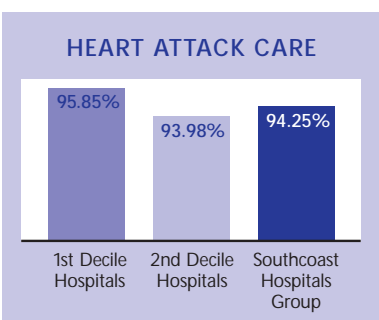
**SERVICE:** "Patients who leave the ED prior to completion of treatment" continues to show that we perform much better than state and regional averages, yet our results at 1.29 percent are slightly behind our aggressive goal of 1.25 percent. Further examination of the data reveals that there were increases in the "leave without being seen" rate at both the Tobey and Charlton campuses during December, January and February, when ED volume was very high as we tend to experience every winter.

**EFFICIENCY:** Our length-of-stay for medical patients over 65 years has increased through March, with a fiscal YTD rate of 6.00 days. We believe this is due to several factors, including seasonal fluctuation and difficulty in long-term care placement of some patients, particularly patients with mental health issues. The LOS Team has recently developed several ideas warranting further development and discussion. Through March, our LOS results are still performing better than previous years. Continued work in this area is extremely important, as shorter lengths-of-stay provide several known benefits:

- Bed space is improved to permit easier access for elective surgical cases and decreased waiting times for patients waiting to be admitted from the Emergency Department. The result is better patient throughput, more timely care and improved patient and staff satisfaction.
- LOS rates that closely mimic the Medicare prescribed length-of-stay helps to conserve valuable resources in the health care system, both internally and externally to Southcoast.

Southcoast has been participating in a voluntary, national quality demonstration project with Medicare known as the Hospital Quality Incentive (HQI) project, formerly referred to as "pay for performance." We are monitoring multiple outcomes and processes in five clinical areas: heart attack care, heart failure, pneumonia, cardiac bypass surgery and elective hip/knee replacement surgery.

For the first year of the project that ended on September 30, Southcoast achieved the second highest decile ranking of overall performance score for both heart attack care and cardiac bypass surgery. As a result and pending a final audit process by Medicare, Southcoast will receive additional reimbursement for all Medicare patients who were treated for heart attack care and cardiac bypass surgery during FY04. These results help to represent the outstanding level of care received by our patients. Congratulations! 🎉



- Patients are less likely to return to the hospital within 15 days when their original LOS is closer to the Medicare-prescribed LOS.

## Southcoast nurses win awards for work with chronic conditions

Nurses from throughout the Southcoast system were recognized for their innovations in caring for those with chronic conditions at a conference organized by the Chronic Illness Consortium at University of Massachusetts at Dartmouth College of Nursing.

The conference, entitled *Breaking New Ground: Reframing the Chronic Illness Experience*, sought to help faculty, graduate students and clinical leaders from throughout New England build linkages that would advance the science of nursing care for those who live with chronic illnesses.

Southcoast nurses receiving recognition were:

Nicole Almeida, RN, Sandy Choquette, RN, Joyce Dolin, RN, and Nancy Medeiros, RN, for the Pneumococcal Vaccination Program on Moran III at Charlton. The program sought to significantly increase the number of elderly patients with chronic illnesses receiving pneumonia vaccines as inpatients.

Rose Brisson, RN, for developing Keeping Active — Staying Fit on Schultz at St. Luke's. Brisson, a Resource Nurse on Schultz, an acute care elder unit, developed the program to promote the highest possible level of function of geriatric patients who live with a variety of chronic illnesses. A pilot program with patients 75 years of age and older, nurses

found a 44 percent improvement in mobility in those who participated.

Harriet Desrochers, RN, Joanne Westgate, RN, and Donna Wolcott, RN, of the Southcoast-wide Pain Management Program. The program seeks to provide a systematic approach to pain management through evaluating patient outcomes and developing proficiency in pain management in clinical professionals. The committee maintains a 95 percent patient satisfaction rate and has extended its efforts to include cognitively impaired patients, who are evaluated through behavioral assessment and observation.

Donetta Perkins, RN, and Diane Peckham, RN, for the development and management of the Skin Care Committee. Over the past five years, members of the Skin Committee have worked to reduce the incidence of pressure ulcers in all patients at Southcoast hospitals through monitoring and education. The result has been a steady decline in hospital acquired pressure ulcers.

The consortium connects nursing faculty and regional nurse clinicians who share an interest in the care of people living with chronic illness.

Partnerships between colleges and universities and nurses working in the clinical setting prove valuable to students, practicing



*Rose Brisson, RN, helps Dorothy Bielefeld, of New Bedford, retain her mobility during a recent hospital stay.*

nurses and patients alike.

"Nursing students learn theory in their classrooms but need to understand how that knowledge applies in a clinical setting," said Jo Ann Rapoza, RN, Vice President of Patient Services at St. Luke's Hospital. "In turn, nurses in practice stay at the forefront of the knowledge base, through their interactions with nurses in the teaching setting. It's a great marriage between what we learn and what we do." ☞

## Crapo Unit opening marks progress in St. Luke's building project



*JoAnn Silva, RN, (left) and Donna Kardosz, RN, help Theodora George, of New Bedford, get comfortable as the first patient on the new Crapo Unit.*

A portion of the Crapo Unit at St. Luke's Hospital opened on April 18, making nine bright, modern, private patient rooms available to acute med/surg patients at St. Luke's.

The partial renovation of the floor was necessary to help make up for beds lost due to the closing of the east sides of Wilkes and Green. Those areas needed to be closed to allow for the erection of exterior steel framing for the expansion of the Memorial Building.

"Staff on the construction side of the hospital, especially those in the ED and working on Wilkes and Green have been putting up with a lot of inconvenience during construction," said Ed Boyer, Director of Maintenance & Engineering for Charlton and St. Luke's. "We want to let them all know we appreciate their patience."

Crapo will eventually more than double in size to contain 33 beds in 22 rooms and

sport a "racetrack" design that will optimize patient flow and access to patient rooms. The rest of the renovations are scheduled to be completed by next March. Crapo is scheduled to be the first fully renovated floor.

The unit was designed with input from staff and resource nurses, unit coordinators and other patient care staff. Employees traveled to hospitals from Worcester, Mass., to Batesville, Ind., to study room layouts that emphasized ease of care for nurses and optimal safety for patients.

"We knew we needed larger rooms to accommodate the equipment that is often needed to treat patients today," said Irene

Casey, RN, Director of Patient Services at St. Luke's. "But we also wanted to be sure we made the rooms as safe possible."

One of those safety features is a new Hill-Rom bed with a recessed mattress. The design of the mattress reduces gaping between the mattress and the frame, thereby minimizing bedrail entrapment.

Rooms also offer private baths and showers and two sinks — one in the bathroom and one in the main part of the room — to promote hand washing. There are hand washing stations and hand sanitizer dispensers

throughout the unit.

"Hand washing is our No. 1 defense against spreading germs," Casey said. "We made sure there would be plenty of opportunities for people to wash their hands."

The moment held some nostalgia for staff nurse Donna Kardosz, RN, who was one

of the first nurses to work a shift on the floor.

"My first assignment at St. Luke's 18 years ago was on Crapo," Kardosz said.

Most recently, the floor had been used to house offices and the Southcoast Sleep Lab. The Sleep Lab has been temporarily relocated to Tobey Hospital but will eventually return to St. Luke's in a new location.

While the steel is being erected, crews are also laying underground plumbing, electrical and communication lines and drainage, storm and sewer systems.

"All of this infrastructure must be in place before we pour concrete," Boyer said.

Boyer said the exterior steelwork should be completed by the end of the first week of May. ☞

### ACHIEVEMENTS

Sue Arel, has become a Project Leader in MIS Applications. Arel had been an Operations Manager in MIS for seven years.

Gail Marum, formerly a Systems Programmer at Southcoast has accepted the position of Operations Manager. Marum has worked at Southcoast and Charlton and Union hospitals for more than 32 years in many capacities.

### SOUTHCOAST MARKETING & PUBLIC RELATIONS EARNS AWARDS

The New England Society for Healthcare Communications has bestowed nine Lamplighter awards on Southcoast's Marketing & Public Relations team for its marketing and PR campaigns over the past year. The awards covered advertising, design, publications and PR for ExpressCare 24 @ Charlton, the New St. Luke's, the opening of the new Tobey surgery center, open heart advertising, mammography advertising and a film made for the Southcoast Annual Meeting. Current Southcoast ad campaigns can be viewed online at [www.southcoast.org/news/ads.html](http://www.southcoast.org/news/ads.html). The MPR team produces all of Southcoast's ads and publications, including *Coastlines*. Southcoast has won awards in this competition each of the last five years.

### PATIENT COMMENT

☞ "During my darkest hours I felt very protected and reassured by the staff."

## The interview

Jo Ann Rapoza, RN  
Vice President of Patient  
Services, St. Luke's  
Hospital



**J**o Ann Rapoza, RN, the former Director of Professional Development, was recently promoted to Vice President of Patient Services at St. Luke's Hospital. Here, she talks to *Coastlines* about the importance of a team approach to patient care and why, after 30 years in practice, she is still passionate about nursing.

### What are your responsibilities?

To ensure that patients receive safe and effective quality care during their stay at St. Luke's. That's a very simple statement, but a very complex task.

Patient care is not just what we do day-to-day at the bedside. It is taking a patient with a host of presenting problems and working with other departments such as occupational therapy, physical therapy, physicians, dietitians and others that provide services, to put together a complete picture of what that

patient's care should be and then delivering that care in the best possible way.

### How do you get that to happen?

The patient's experience is dependent upon communication between everyone who is responsible for providing care — right down to the Environmental Services staff who clean the room.

I want to increase the opportunities for all caregivers to communicate in a supportive environment. While the nurse facilitates the delivery of the right care at the right time, everyone needs to work together to make that happen. Well-facilitated delivery of care makes the patient feel that he or she is being treated well. But without the support of everyone involved, we fail our patients and the community.

### It sounds like a complicated task.

Providing well-coordinated care all the time isn't easy. If you think about the number of patient interactions each day — every time a meal is served, a medication is given, a test is taken, a therapy is administered — it's a phenomenal task. Every one of those interactions is an opportunity to provide high quality care or to have system failure. We have to make sure that the flow of information works for every interaction so that

we end up on the side of high-quality care.

Providing patient care is a complex system. The nurse is at the center of that system, at the patient's bedside. But the nurse is like the hub of a wheel and is only as good as the people around him or her. No one job is more important than any other. It's only when all of us are doing our jobs that we are successful.

### What has prepared you for this job?

As adults, we act upon what we've learned — and I have learned a lot in my 30 years of nursing. I have held a number of different jobs and worked in a number of different subspecialties. I've also worked in management and in education and I think that having that broad range of experience is a real advantage. As Director of Professional Development, I was responsible for nursing education and practice at all three hospital sites and I think the experience of working in different environments with diverse groups of people will also be a great help.

### What is the most significant patient care challenge facing Southcoast today and what are your ideas on meeting that challenge?

I think our biggest challenge is the nursing shortage. Recruitment is important, but I think retention is just as important. We do better than the norm for retaining our nurses, but there is always more that we can do. We have had the Recruitment & Retention Committee in place for some time, but now we are inviting staff to become part of it because they have important things to say about what makes them want to stay or go.

I am also looking to strengthen the shared governance model.

### What is shared governance and why is it important?

It is the process through which our staff has input into organizational processes and outcomes. It's a collaborative effort between staff and management that fosters creativity and innovation. The process helps leadership understand how work is actually done and it gives nurses a feeling of control over their practice. That feeling of control and shared power and decision-making has a number of positive results. It brings clinical decision-making to the bedside, which

results in better patient outcomes. It increases satisfaction and retention. And it enhances staff relationships, which brings about greater productivity and sense of community. It really is a "win" for both patients and staff.

### What excites you most about this new opportunity?

The fact that I will be able to have a real influence on nursing practice and patient care at Southcoast. Other roles have been supportive but this is a role where my team and I can really raise the bar of nursing care. I see the possibilities and they are wonderful.

And, by the way, I do want to emphasize the team aspect of this new position. No job can be done well in isolation and, like the bedside nurse, I can only be as successful as the people around me. We are all in this together — no one person can do it alone.

### How does a person who has worked for an organization for so many years remain energized and engaged?

For me, part of it is having held a wide variety of jobs and projects, including the mergers, that have all been based on improving the practice of nursing. I see the commitment Southcoast has to improving patient care and nursing practice through shared governance, education and involving staff and that energizes me.

I also truly believe that nursing is a time-honored and noble profession — and I don't want to be anything else but a nurse. ☺

## Tobey ED doctor lives cultural values

*continued from cover*

medical staff division of two campaigns.

Commenting on what seems like Dr. Edwards' endless involvement in hospital concerns, Meredith said: "I think it is easier for hospital-based physicians to become involved with committees and other hospital-based concerns. But even for a hospital-based physician, Nancy goes beyond the norm."

For Dr. Edwards, perhaps, it all comes down to the people who walk through the ED doors.

"I really respect the people of Wareham," Dr. Edwards said. "They are decent, hard-working people who are just trying to hold their families together. Many of them have two or three part-time jobs to make the money they need to get by but still have no benefits. I really like being able to provide the people of this community with the best possible health care." ☺

## Southcoast Temptations set for July 13

Evening of wine, chocolate and food tasting will benefit emergency departments at all hospitals

Southcoast's fifth annual Southcoast Temptations will boast 45 tables where guests will enjoy delicious foods from some of the area's best restaurants, taste fine wines from Trio Liquors and sample Dorothy Cox's mouth watering chocolates.

Proceeds from this year's event will support the purchase of much needed equipment and beds for Southcoast's emergency departments.

"Combined, our emergency departments serve over 160,000 residents per year, many of whom do not have ready access to health care," said Ronald B. Goodspeed, MD, MPH, President of Southcoast Hospitals Group. "With more than 600,000 residents in our communities, the need for equipment and beds in our emergency areas is urgent."

Music for the evening will be provided by Anita Asser and young rising star music students. There will also be more than 80 silent auction items to bid on. ☺



**Date:** Wednesday, July 13

**Location:** Rachel's Lakesider, Westport, Mass.

**Time:** 5:30pm – 9:30pm

**Staff Tickets:** \$35 per person

**General Public:** \$45 per person

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