

# COASTLINES

The Southcoast Health System Employee Newsletter

November 2008



## SOUTHCOAST RANKS AMONG THE TOP 10% IN U.S. FOR HEART CARE

Findings are based on HealthGrades' 11<sup>th</sup> annual Hospital Quality in America Study

**S**outhcoast Hospitals Group was ranked among the top 10 percent in the U.S. for overall cardiac services by HealthGrades in its 2009 report, issued in October.

"Patients of the South Coast region and beyond can be confident that they are receiving top-tier cardiac services at one of the top heart hospitals in the U.S.," said Keith A. Hovan, President & CEO. "The achievements reflected in the HealthGrades data are yet another example of Southcoast's ability to exceed the highest standards by staying squarely focused on quality, safety, efficiency and the best possible patient outcomes."

In addition to being a top heart hospital, Southcoast also earned HealthGrades recognition for clinical achievements in coronary interventional services (angioplasty/stents), cardiac surgery and cardiology and five-star rankings in a number of clinical areas. [See sidebar on page 2.]

HealthGrades, the nation's leading independent health care ratings company, issued the findings in its 11th annual *HealthGrades Hospital Quality in America Study*, published October 14, that analyzed more than 41 million Medicare hospitalization records from 2005 to 2007 at the nation's approximately 5,000 non-federal hospitals.

According to the HealthGrades study, if all hospitals performed at the level of five-star rated hospitals, 237,420 Medicare deaths

could potentially have been prevented over the three years studied (2005 to 2007). More than half of those preventable deaths were associated with four conditions: sepsis, pneumonia, heart failure and respiratory failure. <http://www.healthgrades.com/press-releases/>

The study also claims that while overall death rates declined from 2005 to 2007, the nation's best-performing hospitals were able to reduce preventable deaths at a much faster rate than poor-performing hospitals, resulting in large state, regional and hospital-to-hospital variations in the quality of patient care.

"We are very proud of our team of highly skilled physicians, nurses and technologists who continue to offer innovative and advanced cardiac services at all of the Southcoast hospital sites," said Eugene J. McMahon, MD, FCAP, Senior Vice President & Chief Medical Officer.

"Southcoast currently performs more cardiac catheterizations than any community hospital system in Massachusetts, with approximately 60 percent of patients being referred for advanced treatment such as coronary artery bypass or angioplasty," Dr. McMahon said. "This volume guarantees that patients receive the highest quality care from the area's most experienced and

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THE NEXT GENERATION OF SURGERY

*Robotic-assisted surgery*

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## News Brief

**New titles for Infection Control Professionals:** The Association for Professionals in Infection Control (APIC) announced, in July, title changes for its members. Infection Control practitioners will now be known as Infection Prevention-ists and the department will now be called Infection Prevention. The newly created term, Infection Preventionist, joins the list of professional titles such as hospitalists, intensivists and interventionists introduced by the health care industry over the past several years.

The focus on preventing health care associated infections and targeting zero initiatives are the driving force behind the name change.

The Infection Prevention team for Southcoast Hospitals Group is Judy Menard, Director of Infection Prevention, and Infection Preventionists are Kimberly Cravinho, Mary Jane Foster and Karin Stone. Staff support is provided by Patricia Verronneau.

## Free TV now at Charlton & St. Luke's

Television service for patients at Charlton and St. Luke's became free of charge beginning in October. Tobey already offered free TV service.

"We ask staff to assist us in communicating this added benefit to all of our patients and their families," said Arif Khan, Vice President of Support Services.

Any interruptions or problems with the new TV service should be reported to Susan Corbett, Administrative Assistant, at [corbetts@southcoast.org](mailto:corbetts@southcoast.org) or 65-5216.


## Send a singing holiday greeting & support St. Luke's

Don't know what to buy that person who has everything this holiday season? Send them a Carol-O-Gram.

The St. Luke's Hospital Auxiliary is holding its second annual Carol-O-Gram fundraiser to benefit the hospital. A professional, singing quartet will deliver a holiday card (signed with your name) and sing three holiday carols at the door of your family member, friend, neighbor, office, nursing home, etc. You choose the carols from a provided list and select a date and time for the Carol-O-Gram to be delivered.

For further information, please call **Agatha St. Amour at 508-961-5752.**

## Patient Comment

*"It's the first time in 82 years that I've been in the hospital as a patient. I was scared at first but made to feel comfortable. I was well cared for."* 

## HealthGrades

*continued from cover*

knowledgeable physicians and team of health care professionals."

### Local cardiac services

Heart disease is the No. 1 health problem locally and strikes South Coast residents more frequently than anywhere else in Massachusetts. Southcoast ranks second in the entire state for the greatest number of cardiac medical discharges. Thirty-nine percent more people have heart attacks in the South Coast — and about two in five residents die from heart disease.

"Southcoast Hospitals has made improved cardiac care and access to the most advanced technology a top priority by investing millions to bring lifesaving cardiac services to our region," said Marcia Liggin, RN, NEA-BC, Senior Vice President & Chief Nursing Officer.

Since 2002, Southcoast has become a leader in cardiac surgery and elective coronary angioplasty, and launched a cardiac electrophysiology program that further broadens local access to advanced interventional and diagnostic heart services in the region. In fiscal year 2007, more than 14 percent of Southcoast's inpatient volume was attributed to heart-related diagnoses and nearly 21,500 outpatients received care related to the same.

"Because our services are provided right here in our community," Liggin said, "programs and health care initiatives focus on health issues that are important to the residents of the South Coast region."

### HealthGrades 2009 Quality Ratings

The HealthGrades 2009 quality ratings for virtually every hospital in the country are available at [www.healthgrades.com](http://www.healthgrades.com). On its Website, HealthGrades offers, free to consumers, quality ratings of 27 procedures and treatments for virtually every hospital in the country. HealthGrades' Website is designed so that consumers can easily compare patient outcomes at their local hospitals for procedures ranging from aortic aneurysm repair to bypass surgery. Each hospital receives a star rating based on its patient outcomes in terms of mortality or complication rates for each procedure or treatment. Hospitals with outcomes that are above average to a statistically significant degree receive a five-star rating. Hospitals with average outcomes receive a three-star rating. Hospitals with outcomes that are below average receive a one-star rating.

Because no two hospitals or their patients' risk profiles are alike, HealthGrades employs extensive risk-adjustment algorithms to ensure that it is making like comparisons.

The numerous clinical achievements earned by Southcoast in the 2009 HealthGrades report include:

- Ranked Among the Top 10 percent in the U.S. for Cardiology Services.
- Ranked Among the Top 5 hospitals in Massachusetts for Overall Cardiac Services.
- Ranked Among the Top 10 hospitals in Massachusetts for Cardiac Surgery.
- Ranked Among the Top 5 hospitals in Massachusetts for Cardiology Services.
- Ranked Among the Top 5 hospitals in Massachusetts for Coronary Interventional Procedures.
- Five-Star Rated for Cardiology Services.
- Five-Star Rated for Coronary Interventional Procedures.
- Five-Star Rated for Treatment of Heart Attack.
- Five-Star Rated for Treatment of Heart Failure.

Additional information is

## ExpressCare is *still* the Emergency Department

**W**ith renovations to ExpressCare @ Tobey officially completed in May, each Southcoast hospital now has "fast-track" services for patients with less critical injuries and illnesses.


The availability of ExpressCare has caused some confusion about the type of services offered and the appropriate co-pay amount.

It is important to remember and remind patients:

- ExpressCare is *not* a walk-in clinic. Please encourage patients to schedule appointments with their primary care providers if they are not in need of urgent care.
- Co-pays for Emergency Department visits are higher than a physician office or walk-in clinic. This higher co-pay applies to both the ExpressCare side of the Emergency Department as well as the main ED.

"The Emergency Department is designed to take care of patients suffering from acute medical problems, who need to be seen immediately and cannot wait for an appointment with their primary care physician," said Marcia Liggin, RN, NEA-BC, Senior Vice President & Chief Nursing Officer for Southcoast.

"Some medical problems are less urgent than others. Less urgent problems are triaged to express care but they are still emergency cases."

For more information on services, visit [www.southcoast.org](http://www.southcoast.org). 



# Robotic-assisted surgery now taking place at Southcoast



**S**urgeons at Southcoast Hospitals began performing robotic-assisted radical prostatectomies in mid October using the **da Vinci® Surgical System**.



Take a very skilled surgeon.



Magnify his vision 10 times.



Give him 4 arms and hands that turn 360 degrees.



Have him hold tiny surgical instruments.

*da Vinci Surgery™*

“Laparoscopic surgery for prostate cancer, like many other types of surgeries, has substantial advantages over the open approach,” said Dennis LaRock, MD, one of the first surgeons to use the system at Southcoast.

“The da Vinci offers patients considerable benefits to a delicate procedure, including smaller incisions, less pain, a shorter hospital stay and faster recovery, less scarring and quicker return to normal activities,” he said.

Southcoast surgeons will primarily use the da Vinci system, made by Intuitive Surgical, for complex urological surgeries and plan to expand to gynecological procedures at a later date. The system is located at Charlton Memorial Hospital but is available to any Southcoast surgeon from all sites.

Physicians who have not previously used the da Vinci Surgical System must complete a training course and have their first surgical procedures using the system observed by a physician who has extensive experience with the da Vinci.

Members of the Southcoast surgical staff will also receive special training to assist surgeons with this new technology.

## Robotic-assisted surgery

Surgical robotics provide an alternative to open and laparoscopic surgery that gives more precision and control during complex, minimally invasive procedures.

The da Vinci Surgical System “robot” is a state-of-the art medical device comprised of a surgeon console and patient-side robotic system with a high-resolution 3-D camera and micro-instruments. The system is equipped with four “arms” that scale the movements of the surgeon’s hands and arms down to micro-movements for delicate precision. The surgeon “drives” the instruments using a high-resolution 3-D endoscope and image processing equipment that provide the true-to-life, highly magnified 3-D images of the surgical field.

The entire surgery is performed through five dime-sized incisions typical of minimally invasive surgery — and the surgeon is 100 percent in control at all times.

## Treatment of Prostate Cancer

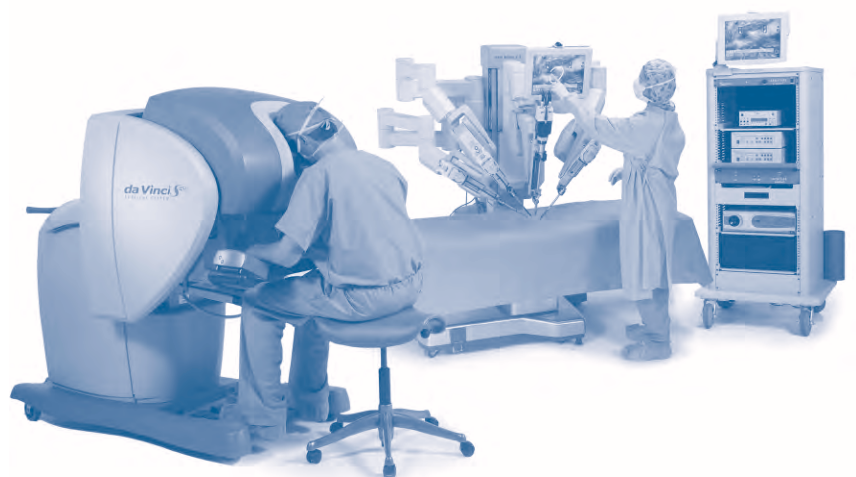
Approximately 30 percent of prostate cancer patients in the U.S. are treated with surgery. The surgery is called a radical prostatectomy and there are three methods: open surgery where a large incision approximately four to six inches is made in the abdomen and two minimally invasive types — laparoscopic and robotic-assisted laparoscopic, also known as da Vinci Prostatectomy.

“The radical prostatectomy is a delicate surgery that can now be performed with unparalleled precision and flexibility right here in our community,” said Derek Hausladen, MD, another Southcoast urologist who uses the system. “We are thrilled to have this state-of-the-art technology in the South Coast region and are very excited to offer this advanced treatment to our patients.”

The incidence of prostate cancer in the Fall River region is 42 percent greater than in the rest of the South Coast region. More than 500 cases of prostate cancer were diagnosed in 2005 in the Greater Fall River and Greater New Bedford regions. Placing the da Vinci at Charlton will provide another option of treatment for patients in the East Bay, Rhode Island to the Cape.

“Robotic-assisted surgery is an exciting new field that further defines Southcoast as an innovator when it comes to bringing advanced, unique services to the region,” said Eugene J. McMahon, MD, FACP, Senior Vice President & Chief Medical Officer. “The da Vinci Surgical System is the only system approved for this type of surgery and has quickly become the global leader in the fields of urological and gynecological surgeries.

“Having the da Vinci robot also helps attract quality physicians to the area because urology training programs often focus on a robotic approach rather than the traditional open approach,” Dr. McMahon said. 📺



## Flu FAQs

### What is “the flu?”

Flu is a very contagious disease of the respiratory system. Symptoms are often confused with the common cold, but are much more severe and potentially dangerous. Symptoms include sudden fever of usually 102 degrees — but can rise to 104 degrees — for three to four days, cough, muscle aches, sudden onset of headaches, severe exhaustion and general weakness. Unlike a cold, when you get the flu, you will be in bed, unable to conduct daily activities for about a week.

### When can I get the flu?

Flu occurs most often during the winter months and usually peaks during December and January.

### How do I get the flu?

The flu is caused by a virus that lives in the nose and throat. The virus is sprayed into the air when an infected person sneezes, coughs or talks. People nearby can inhale the virus. Symptoms of the flu usually begin one to three days after a person inhales the virus.

### Why do I need to get vaccinated every year?

Strains of the flu virus change every year. New vaccines are produced to counter them as soon as they are identified. In addition, the vaccine loses its potency after a year. The vaccine you had last year will not be effective against this year’s virus.

### Can’t I get the flu from the flu vaccine?

There is no live virus in the injectable vaccine, so you can’t get the flu from the shot. You may get a low-grade fever and muscle aches that last about a day or two. The vaccine can take up to two weeks to become completely effective, so you could still get the flu during the time right after you get the vaccine. If you get the flu during this period, you may experience milder symptoms than if you had not had the immunization. It is important also to note that many people confuse the common cold with having the flu. The flu vaccine cannot protect you against the common cold.

## Flu season is upon us!

**Protect yourself, your family, your patients:  
Get vaccinated early, right here at Southcoast**

**S**outhcoast is now offering employees flu vaccines free of charge.

“We strongly urge staff to take advantage of this employee benefit,” said Terri Kinder, RN, Clinical Team Leader of Employee Health, “Getting vaccinated helps us not get the flu and keeps us from spreading it to others.”

For the first time this year, Southcoast will ask employees who choose not to get vaccinated to sign a form saying they decline the vaccine.

“We are introducing the declination form because we believe the U.S. Centers for Disease Control & Prevention will soon require them from employees who do not take the vaccine,” Kinder said. “The form will help Employee Health accomplish two things: It ensures that we have offered the flu vaccine to all employees who provide direct patient care and it allows us to determine a more accurate percentage of vaccinated employees by counting all employees who may have been vaccinated elsewhere.”

### FLU VACCINE CLINICS

**When:** October 21 through November 30

For specific sites and times, check the Employee Health intranet page or call your hospital’s Employee Health Office.

**Charlton:** Ext. 2498 • **St. Luke’s:** Ext. 5128 • **Tobey:** Ext. 4109

**Where:** Employee Health Office at all hospital sites

For more information on flu, please visit the Employee Health page on the [intranet](#) or [www.cdc.gov/flu/](http://www.cdc.gov/flu/). 

## Employee Appeal: More for You ... and Even More for Our Patients

**E**mployee Appeal 2009 has begun, with expectations for another highly successful year. Everyone’s participation is this year’s goal — because when everyone gives, everyone gains.

Last year, 567 employees responded to the appeal, bringing in a total of over \$112,000. Even more can happen if we all help. Just 50 cents a week from 4,000 additional employees could raise another \$100,000.

Beyond the satisfaction of giving to a cause we all believe in, giving can also be fun. This year, some fabulous new prizes are offered in the Grand Prize Drawing, including a nine-night Caribbean Cruise for two valued at \$3,500. In addition, two \$100 gift certificates to local establishments will be awarded at each hospital site.

As an employee, your generosity has a major impact on hospital services and the patients we serve. Your gift also improves Southcoast’s ability to gain approval for important grants from foundations and corporations that look at employee giving levels when determining whether they will approve funding.


Bottom line: If we, as those closest to the hospital, don’t lend our support, why should they?

Employee contributions set a powerful example to donors in our communities — that Southcoast is not only a great

place to work but a worthy charity as well.

This year, there are more chances to win the grand prize than ever. For each dollar per week given through payroll deduction or other means, you get one chance entered into the raffle. Two dollars a week gives you two chances, \$3 a week three chances and so on. Those giving gifts of any size will be eligible to win certificates.

Many employees choose payroll deduction, knowing that a small weekly donation can add up to a large gift. As one Southcoast employee, Deb Guimond, put it, “I feel I have a small part in all the help we give people through my donation. And it is so easy to give through payroll deduction. I never miss the money.”

When you give to the Employee Appeal, everyone wins — including you. And, remember, your gift is tax deductible. Gift forms can be obtained from the External Affairs Department or you can fill out the form directly on the Southcoast intranet. If you have any questions, please contact Donna Roy, External Affairs at St. Luke’s, at 65-5359 or at [royd@southcoast.org](mailto:royd@southcoast.org). 

**CRUISE HOLIDAYS** OF LAKEVILLE

**PRINCESS CRUISES**

# Safety First — Because we care

**Y**ou are walking through your home and notice that the corner of the rug at the front door is folded over. Do you leave it as it is and risk that the next person walks through the door will trip on it? Or do you straighten the rug?



You enter the kitchen and notice your well-meaning, but distracted, teenager has left the oven on after baking cookies for the school bake sale. Do you let the oven blaze or do you turn it off?

“We might not feel responsible for the fold in the rug or the oven left unattended, but we don’t ignore them because we care about the safety of our family,” said Marcia Liggin, RN, NEA-BC, Senior Vice President & Chief Nursing Officer. “That same spirit of caring has always been a part of what makes Southcoast special and what makes safety such an important part of all our jobs.”

“Whether it be closing a fire door that has been propped open or using the correct identifiers before giving a patient medication, safety is our constant concern throughout the day,” said Patrick Gannon, RPh, Vice President of Quality & Safety. “We all advocate for safety for patients, visitors, co-workers and ourselves.”

### It’s also a patient right

“The Patient Bill of Rights now clearly states that all patients have the right to safe care,” Liggin said.

The Bill of Rights, which is posted in all registration areas and handed to all patients, states that patients have the right to:

“Receive appropriate care in a safe setting that is free from threats to your physical safety and from mental, physical, sexual and verbal abuse, neglect and exploitation. You will also receive help in contacting Protective Services and/or Advocacy Services, as appropriate.”

The National Patient Safety Goals from The Joint Commission also require hospitals to encourage patients and families to take an active part in creating and maintaining a safe environment, Gannon said.

“We are required to educate patients and families on the steps we take to keep them safe, document their level of understanding of the information in their charts and provide patients with ways to contact hospital leaders and regulatory agencies if they have concerns or suggestions about safety,” he said.

### Rapid Response for patients

Southcoast also will implement, on January 1, a new way for families to call for a rapid response team if they feel their hospitalized loved one is declining rapidly and needs intervention by a specialized team of clinicians.

The new program, called Code A for “Code Assist,” provides a phone extension for families that immediately connects to the operator who pages the team. (Look for an article on Code A in the December issue of *Coastlines*.)

The Joint Commission required all hospitals to implement a mechanism for families to call a rapid response team after recognizing that family members are often in the best position to know when something is not quite right.

### See it, report it

“The best way to help maintain a safe environment is to report — as soon as possible — any unsafe condition we can’t fix ourselves,” Gannon said.

There are several ways to report unsafe conditions quickly and easily:

- Call the Risk Management office.  
**Charlton: 508-679-7557 • St. Luke’s & Tobey: 508-961-5465**
- Use the “report an unsafe condition” form on the intranet.
- Call Maintenance or use the maintenance request form on the intranet.

## SBAR raises the bar for patient hand-offs

The acronym used for patient hand-offs at Southcoast is SBAR. It stands for:

**SITUATION:** State what the problem is, when it happened, when it started and how severe it is.

**BACKGROUND:** Provide pertinent background information related to the situation.

**ASSESSMENT:** State assessment of the situation and what you think the problem is.

**RECOMMENDATIONS:** Actions to be taken in response to the situation.

While no documentation of the hand-off needs to be in writing, there are some key requirements:

- **Interactive:** Opportunity for receiver of information to ask questions.
- **Current information:** Care, treatment, services, conditions and recent or anticipated changes.
- **Interruptions are limited:** Minimize risk that information would fail to be communicated.
- **Process for verification:** Includes repeat-back or read-back.
- Receiver has opportunity to **review** relevant patient historical data.

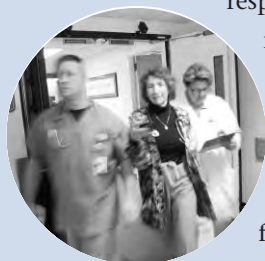
## The little things

- Wash or otherwise properly clean your hands before and after treating each patient.
- Write or print neatly in patients’ charts.
- Always wear your identification badge.
- Close doors that are propped open.
- Limit equipment, furniture, etc. to one side of the corridor.
- Never “daisy-chain” extension cords.
- Never block an egress or prop open a fire door.
- Do not use stairwells for storage.

## Emergency Preparedness Drills a regular occurrence at Southcoast

Southcoast regularly conducts Emergency Preparedness drills at each of its sites to provide staff with opportunities to test their skills in handling mass casualty incidents or other emergencies.

The most recent drill took place on September 30 at Charlton where Emergency, Maintenance and other staff rehearsed the steps necessary in safely treating patients who had been exposed to a hazardous substance.



### “Julia’s Rooms” dedicated

Francesca and Stephen Karam, of Fall River, look on as daughter, Julia, points to the dedication plaque on a Parent Room the parents donated in their daughter’s name on the Family Centered Unit at Charlton Memorial Hospital. Julia’s grandparents, Mr. & Mrs. John Gagliardi and Mr. & Mrs. Robert Karam, all of Fall River, donated a second Parent Room. The rooms provide privacy and respite to parents whose children are patients at the hospital. Julia was a patient at Charlton for several weeks after her birth. The rooms were dedicated on September 17.



# Quality & Safety

Keith A. Hovan,  
President & CEO, Southcoast Hospitals Group



Last month we talked about moving beyond comparing our performance to the average measures of care in our efforts to become a top provider of clinical services. This month we take our first steps in that journey — in fact, another organization has taken the first step for us.

As you have probably already read on the front page of this issue of *Coastlines*, Southcoast Hospitals Group has been ranked among the top 10 percent of hospitals in the U.S. for heart care by HealthGrades, the nation's leading independent health care ratings company. The ranking was based on comparisons to the approximately 5,000 non-federal hospitals in the U.S. Southcoast also ranked among the top five hospitals in Massachusetts for overall cardiac services, cardiology service and coronary interventional procedures.

These are significant accomplishments and prove we can achieve excellence in care when we are squarely focused on quality, safety and efficiency in the delivery of the best care to our patients.

Below you will see a table where we compare our quality data to Saint Anne's Hospital, Massachusetts General Hospital and the Cleveland Clinic. We have been telling our patients, for a long time, they don't have to travel out of the community to get "big city" care. It is time to prove it by looking at how we measure up to — and then looking at how we can improve in — the areas where we have opportunities to do so. Doing so will help us bring quality to a higher level.

The table includes data from the Massachusetts General Hospital and the Cleveland Clinic — because they are known as leaders in quality care both nationally and internationally — and Saint Anne's because it helps us understand how we measure up against care offered by others in our community.

The data is gathered by the Hospital Quality Alliance, a national public/private collaboration including the Centers for Medicare & Medicaid Services that tries to make meaningful, relevant and easily understood information about hospital performance available to the public.

Higher quality, besides being its own reward, leads to other positive results:

- Shorter length-of-stay as patients get better faster.
- Reduced costs derived from reduced LOS, working more efficiently and avoiding errors.
- Increased volume and improved financial outcomes as more people choose Southcoast based on our reputation.
- A more positive work environment where everyone takes pride in their contributions.
- An environment that promotes recruitment of the best physicians and clinicians.
- The best care for our patients.

Finally, in October, I mentioned that we would be using new tools to improve the quality of the care we provide our patients. In coming issues of *Coastlines*, I will spend a little more time explaining those tools, the opportunities available to learn how to use them and how they will create a better Southcoast for everyone. 📊

	Southcoast	Saint Anne's	Mass. General	Cleveland Clinic	MA Average (Expected)	US Average	US Top 10 %
<b>For October 2006 to September 2007</b>							
<b>Heart Attack Measures</b>							
Aspirin upon arrival	98%	94%	99%	100%	97%	93%	100%
Smoking cessation advice	99%	100%	100%	100%	92%	92%	100%
<b>Heart Failure Measures</b>							
Discharge instructions	77%	59%	79%	76%	74%	67%	96%
Smoking cessation advice	94%	100%	99%	99%	91%	88%	100%
<b>Pneumonia Care Measures</b>							
Pneumonia vaccine	90%	96%	78%	77%	82%	76%	100%
Smoking cessation advice	91%	94%	98%	100%	88%	84%	100%
<b>Mortality Measures</b>							
<i>30-Day Risk-Standardized Mortality vs US Rate</i>							
<i>For calendar year beginning third quarter 2006 to second quarter 2007</i>							
n= number of hospitals better than expected.							
	Southcoast	Saint Anne's	Mass. General	Cleveland Clinic	Mass. hospitals "better than expected"	US Average	
Heart Failure Mortality	better than expected at 7.7%				n = 3	11.1%	

Color Key:

- Better than expected
- As expected
- Worse than expected

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# the Interview

## Brian Treadup

Level II Support Specialist & Team Leader  
MIS Helpdesk

*In October, the MIS Helpdesk introduced a new intranet page and changes to their procedures aimed at providing the highest quality service and improving your satisfaction. Here, Brian Treadup, Level II Support Specialist & Team Leader for the Helpdesk, talks about the changes.*



The Helpdesk Team

Back row: Hong Chu, Maureen Burgo, Front row: Brian Treadup, Patty O'Neale

### **We are going to include a sidebar with this article that lists the changes to the Helpdesk intranet page. What other changes have been made?**

We added a second Level II Support Specialist to improve first contact resolution and have created a Helpdesk Information Card that technicians leave at workstations when they visit a unit or department to work on a request. The card lists the name of the technician, the Helpdesk ticket number for the request and has space for additional comments on the back.

We are also preparing Helpdesk staff for the ACIS implementation, ensuring they are trained on the new technology in order to support clinicians and physicians with their information technology needs.

### **Why did the Helpdesk make the changes?**

We based the changes on information from a couple of sources. Some changes were in direct response to comments from the surveys we ask our customers to fill out after we work with them. Some came as a result of suggestions from within our department.

### **What is the most important thing people need to know about Helpdesk staff?**

Our goal is to resolve the majority of the calls as we receive them — what we call “at first contact.” We know a little on a lot of topics. We take information from the caller and we do what we can to solve the problem. If it is beyond our expertise, we create a work ticket, prioritize it and assign it to a Personal Computer Technician or the appropriate MIS staff member.

### **What should people expect when they call the Helpdesk?**

We will need some basic information from them, including the computer ID, its location, the closest phone extension and a contact person. Then we will need as much detail as possible on what the actual problem is, including any error messages the device may be displaying. Using that information, we will try to resolve the issue on the phone.

### **What do you think the most common misconception is about the Helpdesk?**

That we can resolve any issue immediately. We would like to — and the percent of issues we do resolve on first contact has increased since we put these changes in place — but it's not always possible.

### **How long have you been working here?**

I have been with Southcoast for eight years. I started at Charlton as a PC Tech and moved to the Helpdesk in 2003.

### **How many calls do you respond to in the average month?**

In September, I resolved 185 calls at first contact. That does not include issues I had to assign to PC Techs. 📧

### What you'll see: Changes to the MIS Helpdesk homepage

- Icons for all forms.
- Triage Policy and Description of Services that explain how requests are prioritized.
- Expanded MIS educational offerings.
- Customer feedback survey and comments form.
- Information on how to purchase Microsoft Office for home use at a discounted price (under Quick Links).

## Need help STAT?

MIS Helpdesk triages calls according to the severity of the issue and its impact on patient care. When a Helpdesk ticket is created, it is assigned one of the following priorities:

**STAT:** Problems that affect patient care areas with no other device available to the caller and any calls from senior management. The trouble tracking system automatically pages the staff member who has been assigned the ticket. Response to the caller should occur within 15 minutes of the time the page/ticket has been received. Resolution time is one to four hours.

**HIGH:** Problems called in by senior management and any end-user with no other device available to use; any problem with an Outreach Lab site's ability to print and/or access the Meditech system. The trouble tracking system automatically pages the staff member who has been assigned the ticket. Response to the caller should occur within one hour of the time the page/ticket has been received. Resolution time is four to eight hours.

**MEDIUM:** Response to the caller should occur within the same business day. Resolution time should be accomplished within 24 business hours or three business days.

**LOW:** Response to the caller should occur within the same business day. Resolution should be completed in two weeks (10 business days) or less. Under extenuating circumstances, requests for new devices can take up to one month to be installed.