



DISRUPTIVE BEHAVIOR THREATENS PATIENT CARE

Southcoast Hospitals has revised codes of conduct for both employees and physicians to ensure an environment that promotes the delivery of safe and efficient patient care and healing, supports the morale of our staff and promotes compliance with Joint Commission standards.

When an employee or physician creates an uncomfortable atmosphere by acting aggressively or being uncooperative, it's not only bad for morale — it's bad for patients.

A Sentinel Event Alert published by The Joint Commission last July said "intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and preventable adverse outcomes, increase the cost of care and cause qualified clinicians, administrators and managers to seek new positions in more professional environments."

In response to these findings, The Joint Commission issued a new leadership standard requiring organizations to establish a Code of Conduct for staff and physicians.

"Behavioral expectations are a fairly strong part of our culture at Southcoast," said David DeJesus Jr., Senior Vice President of Human Resources. "We updated our Code of Conduct policies, effective January 1, to standardize them for physicians and employees and to align them with Joint Commission expectations."

"Appropriate professional behavior is an extension of our Service Priorities," said Keith A. Hovan, President & CEO of Southcoast

Hospitals Group. "We can't provide safe, compassionate care in an environment where employees feel they cannot communicate without fear of being bullied, intimidated or ignored. We can't be efficient if we cannot get the information and support we need, when we need it. And we certainly cannot go above and beyond under such circumstances."

It doesn't have to be loud to be disruptive

"Disruptive behaviors come in many varieties," said Marcia Liggin, RN, CNA-BC, Senior Vice President & Chief Nursing Officer. "Besides obvious active behaviors like yelling, sexual harassment, talking rudely, calling names or using profanity, there are passive behaviors that are just as disruptive."

Passive behaviors, Liggin said, include not returning phone calls or answering pages, ignoring questions or asking the same questions over and over again.

Taking disruptive behavior seriously

"Leadership is committed to responding to reports of disruptive behavior," DeJesus said. "Anyone who makes a report will be sup-

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Disruptive behavior? Call Code Zero.

Most people know disruptive behavior when they see or experience it, but often it is hard to know what to say to stop the behavior quickly.

“Code Zero was created for just that reason,” said David DeJes Jr., Senior Vice President of Human Resources. “When any one of us sees something that is clearly inappropriate, we can approach the individual or individuals involved in the conduct and simply say ‘Code Zero’ or ‘This is a Code Zero situation.’”

Introduced in 2008, Code Zero it is not just for employees.

“Physicians are expected to follow the policy as well,” said Eugene J. McMahon, MD, FCAP, Senior Vice President & Chief Medical Officer. “We have leveled the playing field when it comes to appropriate behavior at Southcoast.”

When an employee or physicians receives a Code Zero, they should stop what they are doing immediately and think about their behavior.

“Employees who announce a Code Zero will not be penalized for their actions. In fact, they are encouraged to use it,” DeJesus said. “It is intended as universal language that is simple for every Southcoast employee to use in an uncomfortable situation.”

Disruptive behavior

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Southcoast’s Code of Conduct clearly outlines how to report disruptive behavior and how reports will be addressed.

“It is everyone’s responsibility to take steps to address disruptive behavior,” said Carol Conley, RN, Vice President of Patient Services. “We can no longer excuse or tolerate bad behavior by saying, ‘that’s just the way he or she is.’”

The Code of Conduct also forbids any person who is the subject of a complaint from retaliating against another employee in any way. Physicians have a similar Code of Conduct in place.

“We’ve had a physician behavior policy in place for many years,” said Eugene J. McMahon, MD, FCAP, Senior Vice President & Chief Medical Officer. “As of January 1, we updated it to include Joint Commission language. It applies to all physicians who are members of the Southcoast medical staff.”

Among the physician staff, a peer review process has been developed to investigate and document any report of disruptive behavior.

“Physicians will also be asked to read the Code of Conduct and peer review process at the time of appointment and reappointment and attest to the fact that they understand its contents and will abide by its principles,” said Paul Bulat, MD, Medical Director at St. Luke’s.

Communication, Education & Training

Southcoast’s new Code of Conduct is supported by ongoing communication, education and training.

“Management began attending classes on minimizing disruptive behavior in May,” said Anne Colwell, Director of Organization Development for Southcoast & Director of Human Resources at Tobey. “This month, we will begin mandatory all-staff training on professionalism and disruptive behavior.”

Physicians will receive updates and pointers on the new Code of Conduct from a number of sources, including DocTalk (the physician newsletter) and presentations at Medical Staff Executive Committee meetings, department meetings and the Quality & Utilization Committee.

There are also CBL learning modules available for physicians and staff.

“We will give staff the tools to act in the moment and, as leaders, we will support them,” DeJesus said. “It is crucial for the well-being and safety of both our staff and patients.”



Southcoast’s Cardiac Prevention leader named YMCA Southcoast’s Partner Coach for new program

YMCA Southcoast selected for National Health & Wellness Initiative will combat obesity and chronic diseases.



Donna Querim, RN, JD

Donna Querim, RN, JD, Nurse Clinician for Southcoast’s Cardiac Prevention Program, has been named as YMCA Southcoast’s Partner Coach for the ACHIEVE program.

ACHIEVE — which stands for Action Communities for Health, Innovation and Environmental Change — aims to advance community leadership in the nation’s efforts to prevent chronic diseases and related risk factors through a locally collaborative approach. The initiative is supported by the U.S. Centers for Disease Control & Prevention’s (CDC) Healthy Communities Program.

“Southcoast Hospitals Group is pleased to partner with the YMCA Southcoast to support the ACHIEVE initiative,” said Jim Rattray, Vice President of Marketing & Public Affairs. “Promoting healthier lifestyles and supporting healthy communities will help us meet our goal of reducing chronic diseases. Through community collaboration, we can create a synergy that assists people in making healthy choices where they live, work and play.”

YMCA Southcoast is one of 43 U.S. agencies selected in 21 states to advance community leadership in the nation’s efforts to prevent chronic diseases and related risk factors through a local collaborative approach. It is the only YMCA in the northeast chosen to participate.

Under Querim’s direction, Southcoast’s Cardiac Prevention Program has provided screenings and education for over 4,500 residents in southeastern Massachusetts, including many middle and high school students.

The purpose of ACHIEVE is to bring together local leaders and stakeholders to build healthier communities by promoting policy, systems and environmental change strategies that focus on physical activity, nutrition, tobacco cessation, obesity, diabetes and cardiovascular disease. The initiative’s approach aims to promote improvements such as increased access to and use of attractive and safe locations for physical activity; revised school food contracts that include more fruits and vegetables and whole grain foods; and requirements for sidewalks and crossing signals in neighborhoods to make them more pedestrian-friendly.

NPSG Spotlight: Universal Protocol

Goal: To improve patient safety and prevent procedural errors.



Point Person:

Kathy Zak, RN, Director of Perioperative Services

Why is it important?

The Joint Commission tracks wrong site, wrong procedure and wrong person procedures through its voluntary Sentinel Event Database. Since publishing its own Universal Protocol in July 2004, The Joint Commission has seen a continued increase in the number of reported cases of wrong site surgery. Currently, eight to 10 cases of wrong site surgery, which result in death or a serious physical or psychological injury, are reported to The Joint Commission each month.

What Southcoast is doing:

Southcoast has implemented a Universal Protocol that applies to all Southcoast sites where invasive procedures are performed, not only the operating rooms. Procedures can be performed at the bedside and in the ED, Cardiac Catheterization and Electrophysiology labs, Radiology and clinics as well as the ORs.

The Joint Commission defines invasive procedures as involving “the puncture or incision of the skin, insertion of an instrument, or insertion of foreign material into the body. Invasive procedures may be performed for diagnostic or treatment-related purposes.”

The Licensed Independent Practitioner (MD, PA or NP) and the RN or technician assisting in the procedure are responsible for ensuring the pre-procedure verification and marking is complete before starting the procedure.

Site marking is required for all procedures that involve right/left distinctions, multiple structures (such as fingers and toes) and/or multiple levels (as in spinal procedures). The intended site must be marked so that the mark will be visible after the patient has been prepped and draped. In the case of specific imaging procedures, the radiopaque mark must be visible after prep and drape.

The Circulating Nurse, Attending Nurse or technician will

conduct a “time-out” immediately before starting the procedure. The time-out is the final check to ensure the correct patient, site, side and level; there is agreement on the procedure to be performed; that the patient is positioned correctly for the procedure; and that, as applicable, all relevant documents, related information and necessary equipment are available.

For procedures performed in the OR, a Surgical Sign-In must also take place. Surgical Sign-In is a component of the World Health Organization “Safe Surgery Saves Lives” campaign, which looks at 10 objectives for safe surgery.

The time out includes active communication among all members of the procedural team. The procedure should not be started until all questions or concerns are resolved.

The Universal Protocol process — pre-procedure verification, site marking and time out — will be documented on the Universal Protocol Checklist for Operative & Invasive Procedures or the Universal Protocol Checklist for Bedside Procedures.

A more detailed explanation is included in the Universal Protocol policy, which is available online.

How you can help.

If you participate in invasive procedures you must fully understand and follow the Universal Protocol policy.

“The process was assembled very carefully and there is a valid reason for each and every step,” Zak said. “We need to ingrain the it in our every day work. Mistakes happen when we deviate from the process.”

A Good Feeling

With your unprecedented support of the Employee Appeal, employees across the Southcoast system are voicing their collective endorsement of Southcoast’s mission in a time of economic uncertainty — when one might least expect to see giving numbers rise.



Frank Byrne

Your growing generosity sends a powerful message to the community at large — you care deeply about our patients and are committed to doing all you can to ensure they receive the best care possible.

Employees are also finding different ways to give back. One of many examples is Frank Byrne, Corporate Compliance Officer for Southcoast.

Byrne was recently invited to give a presentation to the Massachusetts Health Information Management Association (MHIMA), for which he received an honorarium. Byrne’s first thought was to contribute the fee back to Southcoast’s Employee Appeal.

“Working as a compliance officer, I get to see first-hand the benefits Southcoast Hospitals provide to the community,” Byrne said. “What our hospitals do for this region is so important —

and for me, it’s a great feeling to be a part of it.”

Byrne has been with Southcoast for nearly 10 years, and like many employees, he contributes to the Employee Appeal every year.

“I love what the hospitals stand for and my appreciation grows every year,” Byrne said. “Giving back only seems like a natural thing to do.”

Byrne’s wife, Natalie, is a nurse who works in Boston, and they have two daughters in high school.

“Natalie and I both feel that giving to a cause we believe in is the best way to preserve the future for our kids and their generation,” he said. “When I accepted the speaking engagement at MHIMA I saw it as an opportunity to help health care colleagues learn about things I have learned through my job here.”

It was also provided an opportunity for the Byrnes to make an additional contribution to the Employee Appeal.

“And,” he said, “there was a good feeling about that, too.”

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Laurie St. Pierre
Linda Sullivan
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Melissa Tadeu
Christine Tavares
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Miriam Timas
Leo Trainor
Jenny Tripp
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Janelle Tuite
Alison Van Keuren
Kitsy Vane
Karen Vargas
Jennifer Vidotto
Ana Vieira
Kelly Vieira
Lisa Vieira
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Michelle Wakeman
Jo Warnke-Black
Barbara Wheeler
Dorothy Wheeler-
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Coleen Whiting
David Whittaker
Nicole Wilcox
Donna Willette
Avis Williams
Jacqueline Williams
Corrie Wilson
Carleen Young
Hikmat Yousif
Peter Zarriello
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Quality & Safety

Keith A. Hovan
President & CEO, Southcoast Hospitals Group



I have been using this column to focus exclusively on our Lean and Six Sigma initiatives over the past few months and said little about our quality dashboard indicators. Rest assured we have still been paying close attention to our quality indicators — they remain essential in monitoring the quality of the services we provide our patients.

Our quality indicators and our work in Lean and Six Sigma are closely related. Lean and Six Sigma initiatives will have a positive influence on our indicators as cutting out waste and increasing efficiency are directly linked to increasing the quality of care. It all works together.

This month, we will take a break from discussing Six Sigma and Lean and talk a little bit about what we saw on the March and April 2009 quality dashboard.

We have established four performance marks for each measure — below basic, meets basic, meets target and meets excellence.

- “Basic” is the minimum level of performance we set for ourselves and is based on local and national benchmarks or our own performance needs.
- “Target” describes the performance level we would like to maintain on a consistent basis.
- “Excellence” is our above and beyond target. It defines the optimal level of quality we would like to achieve.

The values in the table below are color coded to show which performance mark they represent.

Bariatric surgery data through the first quarter of fiscal year 2009 continues to show outstanding results, exceeding all benchmarks. While the 30-day readmission rate (for any cause) has worsened, review of each case reveals no declining trends in clinical performance. There are no areas of concern related to program performance. Mortality remains at zero percent, where it has been since the program started, and there have been no surgical GI-leaks for the past two reported quarters. With more than 1,000 bariatric surgeries now completed, this program continues to meet our standards for excellence.

Patient satisfaction has been on the increase thanks to the hard work of so many of you, including all those who serve on the inpatient and outpatient satisfaction committees. Inpatient satisfaction is meeting its basic target with 80 percent of patients saying they would definitely recommend Southcoast. Satisfaction

for Emergency Department patients is now at 68 percent, also meeting its basic target. Outpatient satisfaction has exceeded the “meets excellence” mark for several reporting periods with 92 percent of patients saying they would definitely recommend us.

Length-of-Stay for medical patients over the age of 65 also continues to show improvement with current data for fiscal year 2009 showing LOS is almost one-third of a day shorter than it was in fiscal year 2008. We have set aggressive LOS targets for each site and while basic-level targets have not been achieved at any site yet, this Southcoast-wide improvement shows that we are moving in the right direction.

Note: Because we are transitioning from one method of measuring to another, not all data is available for each measure in the below charts.

	Current Trend	Most Recent Result	Goal
Bariatric Surgery — 30-day readmission rate (for any reason)	4.78%	7.8%	Under 9.8%
Bariatric Surgery — leak rates	1.25%	0%	Under 2%
Bariatric Surgery — unadjusted mortality	0%	0%	Under 0.9%

	Current Trend	Most Recent Result	Basic	Target	Excellence
PATIENT SATISFACTION					
Inpatient	80%	79%	80%	81%	82%
ED	68%	73%	65%	70%	75%
Outpatient	92%	93%	90%	91%	92%
LENGTH-OF-STAY (IN DAYS)					
Charlton	6.17		6.16	5.56	5.16
St. Luke’s	5.95		6.05	5.55	5.05
Tobey	4.65		4.43	4.40	4.38

Below Basic	Meets Basic	Meets Target	Meets Excellence
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ACIS Update

This month, Tobey Hospital will begin piloting the Electronic Medication Administration Record (EMAR). This enhanced medication record will be more complete, accurate and up-to-date than paper medication record. The reduction of medication administration errors occurs through dose warnings, medication acknowledgement functionality and the absence of handwriting errors.

Medication errors continue to be one of the most frequent preventable patient safety issues in health care. The Joint Commission is targeting specific areas related to medication safety as identified in the National Patient Safety goals. Several components of the ACIS project specifically relate to medication safety and meeting these goals.

The safety features of EMAR will be enhanced when Bedside Medication Verification (BMV) is added later in the year. BMV allows caregivers to scan the wrist band and medication to confirm the patient is receiving the

right medication and dosage via the right route at the right time.

The ACIS team and the Pharmacy department are currently working toward selecting the necessary equipment for bar coded wristbands and medications.

Electronic Medication Reconciliation will also go live in June. Medication Reconciliation is a system of comparing the patient’s home medications with those that are ordered while the patient is under the care of the organization. Any differences are reconciled and documented. When the patient is transferred within the hospital, sent to another facility or discharged home, an up-to-date list is printed with clear concise information regarding what medications the patient should be taking.

EMAR and Medication Reconciliation training began at Tobey in late May. The EMAR/BMV package will be rolled out unit by unit across Southcoast this fall.