



SOUTHCOAST HEALTH SYSTEM PRESIDENT JOHN DAY TO RETIRE IN 2011

Board names Southcoast Hospitals Group President Keith Hovan as Day's successor

Capping a 32-year career that included significant accomplishments ranging from improving regional access to advanced medical services to uniting the cultures of three very different hospitals by actively engaging employees in the creation of a new set of organizational values, John B. Day announced last month that he will retire in July 2011.

"Our employees have always been our most valued resource and I have always respected their insights into how we provide care to our patients and work together," Day said. "It was vital to have them actively participate in the work that would shape how all of us at Southcoast would relate to each other, act toward patients and partners and perform our daily responsibilities."

Day was speaking of the work of the Southcoast Culture Committee, which he led, that helped steer the health system and its hospitals through the 1996 merger of Charlton, St. Luke's and Tobey.

Results of the committee's work include a single Southcoast culture that includes service standards and priorities, the core tenants — quality and caring, integrity, trust and openness, and adaptability and flexibility — of which are reinforced throughout every level of the organization.

The Changing Landscape of Health Care

The work of the Culture Committee is just one of the ways Day has led Southcoast in responding to the changing landscape of health care and the evolving needs of the community.

"What services are offered, where patients are treated and how

health care is paid for is vastly different than it was when I arrived in 1978," Day said. "I am proud to say the Southcoast of today can stand with any hospital in the state in terms of our top-tier services, our dedicated and compassionate caregivers and our strength and stability for our region."

In his years at the helm of Southcoast, Day has overseen more than \$450 million in capital improvements, the implementation of new services such as open heart surgery, comprehensive cancer care, neurosurgery and weight loss surgery as well as the building of a health system that includes almost 6,000 employees and 100 primary care and specialty physicians at 20 sites across the region.

"Thanks to John Day, Southcoast is today a strong and stable pillar of our community," said Carl Ribeiro, Chair of the Board of Trustees of Southcoast Health System. "John has helped make Southcoast one of the most respected health care systems in the state and the country."

Keith Hovan Named to Succeed Day

After learning of Day's plans, the Southcoast Health System Board of Trustees voted unanimously to name Keith A. Hovan, currently

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John Day to Retire in 2011

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President & CEO of Southcoast Hospitals Group, as Day's successor. Upon Day's retirement, Hovan will assume responsibility for both the Health System and the Hospitals Group.

"An organization that is as vital to our community and as complex as Southcoast requires a leader with the keen insight and unwavering determination to always do what's best for our patients while always making sure our organization remains fiscally strong," Ribeiro said. "Keith Hovan has distinguished himself in an exemplary manner as that leader and we are proud to name him to lead Southcoast Health System."

A Regional Approach

Prior to the 1996 merger of Charlton, St. Luke's and Tobey that created Southcoast Health System and Southcoast Hospitals Group, the region was suffering from a lack of a cohesive regional identity at a time when other parts of Massachusetts, such as Cape Cod and the Berkshires, were drawing together to provide better services to their residents. Day is widely credited with helping drive a greater focus on regionalization in the area.

"At the time, very few people and business were working together in this region — there was no such thing as a regional approach to just about anything here," Day said. "We wanted to prove that regionalization was important, could be done and could bring great benefits to the people who live here. We challenged the conventional thinking at the time by bringing a regional name and brand — Southcoast — to our organization."

From the very beginning, Day said, the organization's mission was to bring the very best medical care to the people of the region.

"We had one vision, one mission," he said. "We wanted to make sure that the health care decisions that affected the people of this region were made right here, not in Boston or elsewhere."

Philanthropy Helps Make the Mission Possible

Day knew that could be a tall order financially for Southcoast — a not-for-profit charitable organization whose patient population includes the highest percentage of Medicaid patients in the state. Currently more than 71 percent of Southcoast's patients come from Medicare and Medicaid, both government programs that pay well below actual costs.

"We always knew that philanthropy would be vital to Southcoast, both in terms of our annual operating costs as well as our needs to expand and enhance services," Day said. "Over the years we have had thousands of wonderful, generous donors who found Southcoast and our hospitals to be worthy of their personal investment. We are extremely grateful for their ongoing support."

Day said philanthropic support from the community — both individuals and businesses — have also helped Southcoast continue vital community services like the Southcoast Health Van, which serves more than 6,000 people each year with free health screenings and blood drives. All totaled, Southcoast spent more than \$14.5

million last year alone on community benefits in the form of free services and care for the poor and another \$48.3 million in shortfalls in government reimbursements.

A Teacher at Heart

Day received his bachelor's of arts degree in Political Science and master's degrees in Health Care Administration and Secondary Education from George Washington University in Washington, D.C.

Day joined St. Luke's Hospital in 1978 and served in a variety of administrative roles, including Interim President, Senior Vice President and Administrative President. In November 1991 he became President & Chief Executive Officer of St. Luke's Hospital and St. Luke's Health Care System.

Day is a member of the American Hospital Association. He is a founding member of the National Association of Urban Hospitals in Washington, D.C. He also has served on the boards of the Massachusetts Hospital Association, the Southcoast Education Compact and the New Bedford United Way. In 1995, he was inducted into the New Bedford Area Chamber of Commerce's Hall of Fame.

Southcoast Looks Ahead

After Day announced his retirement, the Southcoast Health System Board of Trustees voted unanimously to name Keith A. Hovan, currently President & CEO of Southcoast Hospitals Group, as Day's successor.

Hovan joined Southcoast in 2008, coming to Southcoast from Danbury Hospital in Danbury, Conn., where he was Executive Vice President & Chief Operating Officer. He previously was Vice President of Clinical Services at Montefiore Medical Center in The Bronx section of New York City and served in various clinical leadership positions at Bridgeport Hospital in Bridgeport, Conn.

Since joining Southcoast in 2008, Hovan has led efforts to bring new clinical services to the region, such as comprehensive cancer care and a clinical affiliation for oncology services with M. D. Anderson Physicians Network, and continued to improve efficiency by standardizing services across all Southcoast sites.

"I am extremely honored that the board has entrusted in me the opportunity to lead this great organization," Hovan said after his appointment. "It is my commitment to continue to make sure the people of the South Coast region have access to the care they need, when they need it, in the most convenient way possible."

Reflecting on 32 Years of Service

After making his announcement to the board, Day reflected on his career at Southcoast.

"My focus has always been on the people of the South Coast region who count on — and put their trust in — Southcoast's three hospitals, our physicians and our loyal employees for their health care," Day said. "My greatest reward is being told by people that they now have a peace of mind about their health care they never thought possible." ■



C. Douglas Fogg, MD, FACS, third from left, with members of his family at the portrait dedication ceremony.

Portrait Dedicated in honor of C. Douglas Fogg, MD, FACS

A portrait of C. Douglas Fogg, MD, FACS, was dedicated May 8 at St. Luke's in honor of his 38 years of service to Southcoast. Dr. Fogg began practicing medicine in New Bedford in 1971 and performing surgery at St. Luke's a year later. In his almost four decades of service to the hospital, Dr. Fogg has served as Chief of Surgery and Chief of Staff as well as serving on numerous committees. ■

Southcoast to be the lead tenant in medical office building

Southcoast Health System will be the lead tenant in a medical office building currently under construction in Wareham. A.D. Makepeace Company, developers of the site, recently broken ground on the 65,000 square foot building, which will be called the Rosewood Medical Office Building.



The facility will house Southcoast imaging and lab services, Southcoast's nationally-recognized bariatric surgery and weight loss program and consolidate several local physician practices into one state-of-the-art facility.

"This new medical center is vital to us in a number of ways," said Keith A. Hovan, President & CEO of Southcoast Hospitals Group. "It will allow us to consolidate our primary care physician services into one convenient setting that is easily accessible. Access to great doctors — and thus great medical care — is so vital and three outstanding primary care practices will be in the new building."

The physician practices that will be housed in the building include Wareham Medical Associates, Wareham Family Practice, Wareham Surgical Associates, Emmett Eby, MD, and Randy Caplan, DO.

The A.D. Makepeace Company, project developer, is the world's largest cranberry grower and the largest private property owner in Massachusetts.

The \$13.9 million Medical Office Building is the first of three such buildings to be constructed in the Rosebrook Business Park. Named for the stream which winds its way along cranberry bogs that will continue to be farmed by Makepeace, Rosebrook will also include Rosebrook Place, a mixed-use development located on Route 28, featuring a full-service hotel, restaurants, retail, housing and offices. 📍

Employee Appeal Update:

Will you be the one who gets us to goal?

The 2010 Employee Appeal is just one person short of its goal of 900 donors for the year. Will you be the one who brings us to goal?

In just a few short years, employee giving at Southcoast has achieved some great milestones:

- Employee participation has risen from 170 people in 2006 to 899 (so far) in 2010 — a 429 percent increase.
- Overall employee participation edges closer to national averages for similar size health care organizations with 16.25 percent of Southcoast employees participating in 2010 compared to the national average of 20 to 30 percent.

As a result of your increased participation, Employee Appeal dollars now account for more than 20 percent of total giving to our unrestricted hospital funds from all donors, including community and business donors. It is these funds that support virtually every aspect of patient care.

To learn more about giving opportunities or to make a gift online, please visit our secure website at www.southcoast.org/give/ or the visit the Southcoast intranet and look for the "Donate Now" button.

If you have already made a contribution to the 2010 Employee Appeal, thank you! 📍

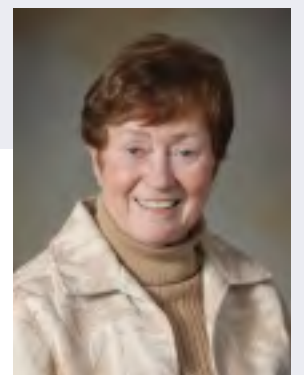
Patient Comments

"My stay was only three days but everyone was great, pleasant and a joy to be with. I feel they took care of me and checked on me frequently."

"Everyone I came into contact with was excellent, from the cleaning personnel to the doctors." 📍

Readiness Corner: Notes from a Team Chapter Leader

At the head of Southcoast's regulatory readiness efforts is a team whose members are each assigned a certain area — or chapter — of responsibility. These chapter leaders are responsible for assessing Southcoast's compliance with the regulatory standards within their chapter. Each month, *Coastlines* will feature one Chapter Leader and explain Southcoast's current status within that chapter.



Chapter Leader: Elaine Wilcox, RN

Chapter Leader's Title: Training Specialist

Name of Chapter: Human Resources

What does the chapter include?

Job qualifications, licensure verification, competency to perform the job, orientation, on-the-job training and performance management.

What has changed from 2009?

There have been no changes.

What is our status for the chapter and/or elements of performance in it?

We are in compliance. Several audits have been performed to make sure that we are doing what we need to do.

What educational efforts are taking place to improve compliance?

HR directors meet semi-annually with department directors to make sure we are compliant in areas where documentation stays at the department level.

Are you doing rounds to monitor compliance?

In addition to the semi-annual meetings, audits were conducted at the department level last fall. 📍

Patient Access reorganizes to improve standardization

In Southcoast's ongoing efforts to standardize the work flow and processes across all sites, Patient Access recently restructured its leadership team.



Denise Mercier, has moved into the role of Patient Access Manager for the Admitting Departments at all three sites. She is supported by Brenda Boissonault, Team Leader of Admitting at Charlton, Dawne Botelho, Team Leader of Admitting at St. Luke's and Brenda Bouldry, Team Leader of Admitting at Tobey.



Kimberly Ryan has moved into the role of Patient Access Manager and is the site manager at Fairhaven. She is responsible for all Patient Access departments located in Fairhaven, which include

Centralized Scheduling, Central Authorization Unit, Laboratory Outreach Registration and the Patient Access Education Team. Ryan is supported by Deanne Ray, Team Leader of the Central Authorization Unit, and Susan Pacheco, Team Leader of Centralized Scheduling.



Cindy Francis remains in her role as Patient Access Manager responsible for Patient Financial Services at all sites. She is supported by Joanne Ackley, Team Leader of Patient Financial Services.

"We feel that this new leadership structure will allow us to focus on standardization across the system and will enhance our ability to interact with other hospital departments," said Beth Sylvia, Director of Patient Access. "We also feel we will be in a better position to sustain the changes that have been implemented to streamline current processes." 📧

Reorganization in Materials Management Department

The Materials Management Department has been reorganized to better respond to the increased need to focus on supply chain issues.

The new structure divides the responsibilities of the department into two positions.

Jon Taber, Director of Materials Management, will be Director of Supply Management. His core responsibilities are identifying opportunities for supply cost reduction and vendor contract agreements. Taber also has responsibility for the Print Shop, Mailrooms and the soon-to-be enhanced Courier Services.

A new Director of Purchasing position has been established to handle the acquisition and distribution of materials. The person in this role will have responsibility for Purchasing, Receiving and Distribution staff.

While Southcoast is recruiting for the Director of Purchasing position, Taber will continue to serve in his current capacity. 📧

Patient Comment

"The whole staff has been professional and courteous and, more importantly, caring." 📧

Southcoast Joins AEGIS to Help State Track Public Health



The Massachusetts Department of Public Health is improving its ability to predict outbreaks of disease with help from Southcoast Hospitals.

Southcoast's three Emergency Departments are now supplying information daily to DPH through the Automated Epidemiological Geotemporal Integrated Surveillance System (AEGIS), said Ray Price, Director of Safety & Security for Southcoast, who led the implementation of the new computer system.

"AEGIS allows Massachusetts to monitor the health of its population in real time, by tracking the types and numbers of physical complaints for which patients seek emergency care across the state," Price said.

Information from Southcoast enables DPH to better predict the possibility of pandemic, which is the spread of infectious disease epidemics across a large region, or identify surges of disease occurring in the southeastern region of the state. The information also can be used to identify possible bioterrorism.

Southcoast, in turn, can access aggregate information flowing through AEGIS from other hospitals.

"If you see a fever is in Boston and then in Quincy and then Weymouth, you can expect it is coming down here," said Scott LaRosa, Manager of ACIS Applications, who oversaw the extraction of files from the hospitals information system so they could be sent to AEGIS.

AEGIS was developed for DPH by the Children's Hospital Boston Informatics Program, which is part of the Harvard-MIT Health Sciences and Technology program. Southcoast, which Price said "has traditionally been one of the 'early adopter' networks within Massachusetts for DPH technology initiatives," was required to install the system in order to improve health surveillance in this region. Most of the hospitals to first use AEGIS are located in the Boston metropolitan area, he said.

While Southcoast has provided lab results to the state for several years, it started the AEGIS project late last year, after the Emergency Departments automated their information system. With a \$7,500 grant from the Assistant Secretary for Preparedness & Response to offset costs of implementation, Southcoast established its electronic link with AEGIS in early spring.

Now, before 7 a.m. every day, Southcoast automatically sends Emergency Department data from the prior day to AEGIS. Because AEGIS data feed into specialized monitoring tools, such as AEGIS Influenza, which rapidly updates reports of influenza-like illness statewide and by ZIP code, it can allow for better health care planning.

"Some hospitals use the AEGIS monitoring tool to track outbreaks outside of their immediate area as input in determining Emergency Department staffing levels," Price said. "That can mean better patient care when a new epidemic or pandemic hits." 📧

— Barbara LeBlanc

New online tool available to help physicians diagnose illness

Physicians and clinicians have a new online tool to help diagnose illnesses from anemia to shingles.



VisualDx, which stands for visual diagnostic decision support system, provides superior-quality medical images and information prepared by respected physician scholars, said Peter Martelly, MD, Medical Director at Charlton. "The system is easy to learn and use and is available on site at the point of care," he said.

VisualDx can be found on the Southcoast intranet on the Library Information page.

"Users just need to scroll to the Quick Links section at the bottom and click the link for VisualDx," said Jennifer Lanouette, Manager of Library Services. "A page will open where they can access the program and an easy-to-follow, four-minute tutorial."

VisualDx allows the user to determine how they want to use the system — to develop a patient-centric differential diagnosis or to search for a specific diagnosis.

"VisualDX does not replace any of our current systems, but is used as an adjunct to DynaMed and UpToDate," Dr. Martelly said.

The system, purchased using federal Emergency Management funds, should be useful in helping to diagnose exposure to hazardous substances in emergency situations, said Ray Price, Director of Safety & Security.

"However it is available for use at any time for any diagnostic situation," Price said. "We are certain it will prove to be of great value in the treatment of our patients." 📧

Two decades of restoring patients' potential: Southeast Rehab celebrates its 20th anniversary



Sandra Brammer, MS, CCC-SLP, Speech/Language Pathologist, using VitalStim — a new technology that stimulates muscles for patients with swallowing difficulties following stroke.

Charles Cloutier, MD, spent his career as a trauma surgeon, but in September 2009 it was he who needed treatment after breaking five ribs and puncturing a lung in a fall.

Unable to walk and suffering from silent aspiration, which occurs when a swallowing difficulty causes food to be inhaled into the lungs, he arrived at Southeast Rehabilitation Center after more than a month in the trauma unit of Rhode Island Hospital.

"I learned what it was like to be on the other side of the fence," said Dr. Cloutier, who retired from practicing medicine in 2002. "I learned the importance of good care and doing what you are told."

He underwent about two weeks of intensive therapy to reverse the effects of prolonged bed rest and to improve his swallowing. Shortly after returning to his Portsmouth, R.I., home, he was able to abandon his walker. Within a month of arriving home, he was behind the wheel of his car with his doctor's approval.

"They did a superb job in all respects," he said. "I was bed ridden. I had lost 28 pounds. I couldn't eat. They got me moving again."

Southeast Rehab at Charlton Memorial Hospital has allowed thousands of people like Dr. Cloutier to resume lives that were interrupted by accidents, stroke, complications from surgery and other complex medical conditions.

Using a multi-disciplinary team approach, the center joins nurses, physical, occupational, speech and language therapists, social workers, physiatrists and dietitians to provide integrated care.

"Our philosophy is to get patients to their optimal level of functioning, cognitively and physically," said Joyce Dolin, RN, NE, BC, Director of Patient Care Services. "We want to get them to their highest potential and overcome their difficulties so they can have another chance at their lives."

In May, the center marked its 20th anniversary with events that underscored not only the value of the center's services, but also how they have developed. Today, Southeast Rehab's 12 therapists and 40 nurses provide more intensive and complex care — with greater help from technology than two decades ago.

Heart monitors now keep track of patients' vital signs as they undergo therapy. Bioness H200 and L300 equipment promotes leg and

arm movement with electrical stimulation and Vital Stim provides another form of electrical stimulation to assist and improve patients with swallow issues. Even the Nintendo Wii gaming system has a role in helping to improve balance and visual-perceptual skills.

All patients must undergo at least three hours of therapy a day, five days a week. Most are also require treatment for diabetes, heart disease or other medical conditions.

"It's a very busy day our patients have up here," said Susan Lemieux, CRRN, nurse manager. "We do have to coordinate it so they can get all their medical care, as well as their therapy."

The average stay at Southeast Rehab is about 14 days. As the discharge date approaches, patients and their family are prepared with recommendations for equipment and continued care at home or in the community. "It's vital to quickly involve families in the care of their loved one," said Beatriz Mimoso, CCC-SLP, Therapy Team Leader.

The next time the staff might see those patients is when they return to show off their continued progress.

"When they step off that elevator without a cane or walker, it is very exciting for both them and us," Lemieux said. 📺

— Barbara LeBlanc



Jena Reilly, RN, helping a patient maneuver stairs.

July is pizza month at the Blood Bank

The Southcoast Blood Bank at St. Luke's Hospital has once again teamed up with area Domino's Pizza stores in a "Pizza for a Pint" promotion during the month of July.



Anyone who donates blood at the Southcoast Blood Bank at St. Luke's Hospital, or at any of the community blood drives hosted by the Southcoast Blood Bank, will receive a certificate for a free large one-topping pizza redeemable at any Domino's in Fall River, New Bedford, Taunton, Somerset, Swansea and Wareham. The offer is good for any pick-up order or can be combined with a home delivery order but will not be recognized for home delivery orders of a single large one-topping pizza alone.

"Domino's is pleased be working with our local community blood bank again this month when the need for blood donations is the greatest," said Nelson Hockert-Lotz, owner of the Domino's



Pizza stores on Kempton Street and Rockdale Avenue in New Bedford.

Seven franchise owners from throughout the area joined Hockert-Lotz, making the offer good throughout Bristol County and Wareham.

The Southcoast Blood Bank is located at St. Luke's Hospital, 101 Page Street, New Bedford, off the main lobby. Walk-ins are welcome Monday, Tuesday, Thursday and Friday from 8 a.m. to 4 p.m., Wednesdays 8 a.m. to 7:30 p.m. and Saturdays from 8 to 2:30 p.m.

For more information or to make an appointment call **508-961-5320** or visit www.southcoast.org/bloodbank/. 📺



Quality & Safety

Keith A. Hovan
President & CEO, Southcoast Hospitals Group



At Open Forums in March and April 2009, we asked you for suggestions on how to eliminate waste in your departments and Southcoast-wide. Your responses were thoughtful and varied and resulted in an 11-page list that has surprisingly little duplication.

Many of your suggestions fell into the eight categories of waste as defined by Lean, which are:

- **Defects (rework)** — work that contains errors or lacks something of value like medication errors or incorrect charges and billing.
- **Inventory** — more materials on hand than are required to do the work or materials kept in stock that are no longer used.
- **Processing** — activities that do not add value from the patient's perspective.
- **Waiting** — idle time created when patients, information, equipment or materials are not where they need to be when they are needed.
- **Transportation** — movement of materials or patients that does not add value to service or failure to transport patients in a timely manner causing slow-downs in work areas.
- **Overproduction** — redundant work, such as duplicate charting and forms that contain the same information.
- **Non-Utilized Talents** — waste related to employees not having the opportunity to work to their true potential or working in jobs that do not use their talents.

Here are some of your ideas for improvement that we have been working on, organized by categories of waste.

Transportation

We are reviewing the possibility of implementing a Centralized Transport program at St. Luke's, which would improve the down-time experienced in allied health areas waiting for patients for procedures and other patient throughput issues. Centralized Transport was recently implemented at Charlton and its impact on improving operations will be assessed and revisions made to work out any glitches before bringing the concept to St Luke's.

Inventory

Using Lean Five S, we are addressing whether unused and no-longer-used items are kept in stock.

This Lean Five S activity is addressing the storage of equipment and supplies in Radiology at St. Luke's, where wheelchairs and stretchers are in short supply and causing back-ups in patient transport.

Under-Utilized Talent (employees)

Transition Coordinators at St. Luke's had previously been responsible for the nursing home referral process — a job that could be done by unit-based Care Coordination staff. The Transition Coordinators have become health advocates in the

ED, improving patient access to better coordinated community-based care.

Staffing has been revised at Tobey so that employees responsible for extracting data are not duplicating efforts.

Waiting

Six Sigma teams are working on improving the patient discharge process.

The ED Executive Committee is addressing communicating wait times to patients and families in the Emergency Departments.

Many of your suggestions fell into what might be termed the "green" category — many involve reducing waste in paper and other resources and recycling.

As you have probably learned by now, Southcoast recently started a comprehensive waste management program with an emphasis on recycling. Southcoast already recycled cardboard, paper, computers, batteries and fluorescent light bulbs but has expanded our efforts to include bottles, cans, plastics and other materials. We are also trying to prevent waste by purchasing goods with environmentally conscious packaging such as reusable crates.

Other green suggestions that are being implemented where appropriate and possible include:

- Encouraging the use of e-mail to send documents instead of printing and faxing or mailing.
- Discontinuing duplicate printing of reports and orders in the Lab.
- Ensuring patients receive the supplies they need — such as toiletries —but not more than they need.
- Disconnecting telephone lines and extensions that are no longer in use.
- Transitioning from copying ED charts at Tobey to scanning and archiving.
- Printing fewer patient labels.

We are also looking at installing automatic shut-off lights in rest rooms to save energy.

Remember that you can continue to send us your suggestions by clicking on the Six Sigma icon on the home page of the Southcoast intranet.

In other saving efforts, the work of the pods that I discussed last month is currently being completed and the results look exciting. While we have not yet determined how much has been saved, it is clear that the pods have exceeded their \$5 million goal, which gives us a great advantage as we begin the budget process for 2011. I look forward to sharing the final results with you in the coming months. 📊

the Interview



Michele Azevedo, RN, CEN Bed Flow Manager for Southcoast Hospitals

As the new Bed Flow Manager for Southcoast, Michele Azevedo's job is all about finding "rights" — the right bed, in the right place, for the right patient at the right time. She brings experience in easing bottlenecks from her job as Assistant Clinical Manager at the Miriam Hospital's Emergency Department, where she worked for seven years. She became a nurse in 2002, but started her health care career 16 years ago as a technician in the ED and the Post Anesthesia Care Unit at St. Luke's Hospital. A former EMT and paramedic, Azevedo followed her passion for emergency care to the Miriam, but two years ago returned to St. Luke's as an ED nurse. Most recently, she worked on the Vascular Access Team at Charlton. Azevedo said she loved that job but could not pass up the rare chance to create a new department, which she hopes will make a lasting contribution to patient care and staff satisfaction at Southcoast. Here, Azevedo talks to Coastlines about taking on the new position of Bed Flow Manager and what she hopes to accomplish.

What does a Bed Flow Manager do?

Our goal is to minimize the time a patient spends in the Emergency Department waiting for a bed placement. We also want to facilitate patient discharge and optimize patient flow throughout the hospital.

Why is the position needed?

There has been an issue with patient throughput in hospitals in Massachusetts and throughout the country because of the increased patient census in hospitals. Also, with the Massachusetts Department of Public Health no longer allowing ambulance diversions in the state, patients in an emergency room can sometimes wait hours for a hospital bed. We can't say, "We have too many patients, we can't take any more." That's not good for the patients, the community or the hospitals. But it means we are an open funnel and can't control the patient influx. What we can do is effectively manage patient throughput to cut down on wait times and increase patient satisfaction.

You are creating a new function in the hospital with this position.

What are your first steps?

We're looking at the computer technology we use, the procedures we use

and visiting pilot sites. I am also learning how every department in the hospital is interconnected, each playing a part in patient throughput.

Why is your home base is at St. Luke's Hospital?

St. Luke's has the highest patient volume. The issue of throughput has more urgency here, so we are designing and implementing the plan here first. But we will be looking at all three hospitals, and will coordinate patient throughput working with the same plan.

What is a typical day for you?

Every day at 9 a.m., I meet with 10 to 12 people to get a snapshot of the hospital at that moment in time. We look at the patient influx and outflow on floors, what the Emergency Department is seeing and what are the potential discharges.

We do that three times a day. It gives you the opportunity to see where the bottlenecks are. It could be we need physicians out on the floor to get discharges done. It could be that we have transfers from the Intensive Care Unit. We assess the day and where we have issues.

What are your goals?

I am hoping that within six months I will have had enough time to make substantial improvement. We want patients in the ED to wait under 120 minutes for a bed from the decision to admit. Ideally, it will be 60 minutes. That's the ultimate goal.

Have you seen any changes yet?

Patient throughput is my priority, my responsibility. Having a person solely responsible for the issue, in and of itself, represents a change. We have seen some improvement in communication and that is essential. For example, if a patient is going home on a particular day and the nurse knows it and the physician knows it, but the case manager doesn't know it — that can stop the wheels from turning. We are working to improve that kind of communication so we can prevent delays and provide a positive experience for our patients and their families. ■

— Barbara LeBlanc

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