Call lights being answered through an intercom system, stretchers being wheeled up and down hallways, visitors, overhead pages, the regular checking of vital signs, blood draws, room cleaning — while all are vital to the workings of a hospital and the treatment of patients, they can also be detrimental to the much-needed rest that patients need to heal.

“We must strike a balance between doing the work we need to do and allowing our patients the rest and quiet they need to heal,” said Carol Conley, RN, Chief Nursing Officer for Southcoast. “That’s what creating a healing environment is all about.”

Through the Patient’s Eyes

The basis of creating a healing environment, Conley said, is looking at “the care we deliver and the environment we create through the patient’s eyes and ears.”

“What are our patients hearing, what are they seeing, how are we responding to their needs?” she asked. “Does what they experience make them feel relaxed, cared for and respected? Or does it increase stress and therefore hinder recuperation?”

With that in mind, Southcoast has formed five teams to investigate key elements to developing a healing environment, including noise reduction, responsiveness to patients and pain management. Three teams are working on inpatient units and two are working on Emergency Department issues. This issue of Coastlines will explore inpatient initiatives.

Quiet Time

Irene Casey, RN, Associate Chief Nursing Officer at St. Luke’s, and Michael Bachstein, Vice President of Facilities Development & Engineering, are leading a team of nursing unit managers across the system to pilot changes designed to decrease noise and patient disruption.

“The key is to understand how noise affects the healing environment,” Casey said.

An article in the November 2009 issue of the American Journal of Nursing points to research that indicates noise levels higher than 50 decibels causes physiological changes that can decrease healing and recovery and increase length-of-stay. Research also indicates that disturbed sleep can affect a patient’s ability to heal.

Excessive noise also affects staff. The same AJN article states that high levels of noise can increase the level of stress staff feel, which could increase the risk of medical errors.

The efforts to reduce disruption include a simple “noise bundle” — a number of small practices designed to decrease noise and creating a “quiet time” between 9 p.m. and 7 a.m. to help patients get a good night’s sleep. Those changes include:

• Placing pagers on vibrate after 9 p.m.
• Asking patients if they want their door closed in the evenings, as long as it does not affect their safety.
• Limiting overhead paging to life safety issues.
• Educating visitors and staff about talking in quiet tones.
• Refraining from doing any heavy cleaning on patient units after 9 p.m.

 Patients are also being asked if they would like a “quiet time” in the afternoon so they can get additional rest. Afternoon quiet times take place after a patient’s vital signs are taken and any medications are given. Physicians are asked not to perform rounds on patients during that time.

continued on page 2
Call Lights Key to Patient Communication

Call lights give patients a way to communicate and a measure of control in the unfamiliar environment of the hospital," said Susan Mangini, RN, Associate Chief Nursing Officer at Charlton and leader of the Call Light Response Team. "That is why responding to call lights in a reasonable amount of time is important in creating a healing environment.

Test units at Southcoast have implemented two proactive evidence-based approaches to improve patient satisfaction around the use of call lights — hourly nursing rounds and encouraging patients to use the call light while ensuring a prompt response.

"Hourly nurse rounding helps to meet patients' needs and demonstrates the nurse's availability and willingness to anticipate those needs," Mangini said. "It also helps build relationships and trust, which helps to support the patient's healing and meets their physical, spiritual and emotional needs."

An article found on Medscape.org, a medical education website, points to research that shows hourly nursing rounding has resulted in a 37.8 percent reduction in call light use (also leading to a reduction in environmental noise), a 50 percent reduction in patient falls with injuries and increased patient satisfaction. The same article states that hourly nurse rounds have also led to a decrease in medication errors due to nurses being interrupted less to respond to call lights.

The Call Light Response Team is piloting several other interventions, including:

• "No pass" zones where clinical or non-clinical staff are to respond to the call light of any room they are walking past, unless there is an emergency.
• Unit leader rounds with patients to assess call light response, pain management and noise.
• Communication tools and education for staff that supports caring, patient-focused communication.

Response to Pain — A Matter of Perception

According to the Journal of Pain Management and Symptom Management, it is not necessary to completely eradicate pain in order to positively change a patient's perception of how their pain is being treated.

"A pattern of pain relief, not how bad the pain is, seems to be critical in patient satisfaction," said Susan Ventura, RN, Associate Chief Nursing Officer at Tobey and leader of the Response to Pain Team. "Patients are more satisfied if they feel staff cared and did everything they could to help control their pain, even if the pain wasn't completely relieved."

Patient satisfaction is measured using a survey from Press Ganey, an industry leader in improving performance in health care organizations. While the Press Ganey survey contains several questions relating to pain, the pain response team is concentrating on the following: "Did staff do everything they could to help with your pain?"

"Responses from our patients show we need to improve in this area," Ventura said.

While there were many positive comments regarding pain management, two themes recurred: The time patients had to wait for pain medication and not knowing when they would next receive medication for pain.

The team, which consists of representation from all surgical inpatient units, two medical floors, two Intensive Care Units, one obstetrics unit and Joanne Westgate, Chair of the Southcoast Pain Committee, has looked to best practices to improve scores.

According to patient experience expert Quint Studer, the best strategies for immediate and sustained improvement include:

• Working with patients to identify their individual pain goals and trends toward achieving those goals.
• Hourly rounding with proactive caring communication and management of pain.
• "Pain posters" to provide visual reminders of when a patient last received pain medication and when their next dose is due.

The poster was created by the Robert Wood Johnson Foundation, a charitable organization whose mission is to improve the health and health care of all Americans.

"The research shows that when patients are able to see when the next dose of pain medication is due, they can mentally prepare to better manage their pain," Ventura said. "There is evidence from a number of sources that show dramatic increases in patient satisfaction with pain control once hospitals began using the poster, so we decided to give it a try."

While Ventura thinks it's too soon to say for sure, early indications are that the pain posters are having a positive impact on patient satisfaction scores.

"We want to see a few more month's worth of data before we make a real determination, but initial results show that the posters are helping," she said.

Editor's Note: Look for additional articles discussing ED initiatives, non-clinical elements that help create a healing environment and the importance of employee self-care in upcoming issues of Coastlines.

National Guard honors St. Luke’s Hospital Emergency Department

St. Luke's Hospital's Emergency Department received official recognition from the 1st Weapons of Mass Destruction Civil Support Team (WMD-CST) of the Massachusetts National Guard for its rapid response in identifying and treating a patient exposed to mustard gas in an incident on June 6, 2010.

Lt. Col. Martin Spellacy, the team's commander, presented the St. Luke's ED physicians and staff with a Minute Man statue and an official citation that recognized the ED staff's "expertise and professionalism" in identifying the patient's blister as a sign and symptom of a chemical warfare agent.

"The mustard gas incident of June 2010, and the subsequent rapid response by the nursing staff of St. Luke’s Hospital, validates the importance of training and collaborative efforts to protect the public," Spellacy said.

During a ceremony that took place on June 6 — the one-year anniversary of the event — Spellacy individually recognized the 14 staff members who administered care for the patient during the incident. Each staff member was presented with the 1st WMD-CST's coin, representing a military tradition of recognizing exemplary service.

"We are very proud of the St. Luke's Hospital Emergency Department staff who serve on the front lines of our hospital every day," said Carol Conley, RN, Chief Nursing Officer for Southcoast Health System.

"Emergency preparedness is a top priority for Southcoast and the dedication of our staff to their patients and community is underscored through this honorable recognition."
New initiatives have been put into place in an attempt to improve wait times and patient satisfaction in the St. Luke’s Emergency Department.

The changes started in the leadership structure, said Cathy Homeyer, RN, the new Executive Director of Southcoast’s Emergency Departments. Where there was once just one Patient Care Manager overseeing all 250 employees, there are now six dedicated managers that cover 24 hours a day, seven days a week.

“The increase in managers allows for closer, more frequent interactions with staff and the opportunity to listen, gather and provide valuable feedback on the workings of the ED,” Homeyer said. “This gives better insight into how to improve individual and overall performance with a focus on providing compassionate care.

“St. Luke’s sees roughly 82,000 patients each year — a tremendous amount of patients in an adrenaline-wrapped environment where patients are at their most vulnerable. When there are issues, you need to come up with resolutions on the spot. Having managers on duty around-the-clock allows us to do just that.”

The ED has also eliminated hall beds for initial evaluation to decrease congestion and improve workflow.

In ExpressCare, which treats minor injuries and concerns, Homeyer reached out to staff in February asking for volunteers to improve the department’s workflow and discharge times by being willing to work exclusively in ExpressCare. A group of dedicated employees stepped forward with their own ideas on what could improve the ExpressCare area and, with Homeyer as only a guiding influence, set about to make those changes on their own.

“These are the people that know their department best, and they came up with their own ways to improve things,” said Homeyer. “All I did was facilitate the meetings. The changes came from the staff. It was impressive to be a part of it.”

Don Mersky, RN, took part in the ExpressCare overhaul, which was implemented in June.

“Even though it’s only been a few weeks since the changes took effect, we have already seen some positive results,” he said. For each 12-hour shift that ExpressCare is open — 10 a.m. to 10 p.m. seven days a week — there is now a dedicated RN and LPN. Previously RNs and LPNs rotated through the entire ED as they were needed.

“Employees who work in ExpressCare are more familiar with what is going on here because we do it every day,” Mersky said. “The goal of ExpressCare is to get people from registration to treatment to discharge in 70 minutes. ExpressCare patients require fewer tests because we are treating issues such as an ankle injury or sore throat and not complicated issues like chest pains that would require numerous tests.”

Before the changes average, the discharge time was 88 minutes. Performance improved to 72 to 74 minutes the first week after the adjustments took place.

A new triage process has also helped speed up the discharge process by pulling those patients with minor injuries out from the main ED and placing them into ExpressCare.

“Before it was all patients waiting in line together, no matter what was wrong with them, which often caused a bottleneck at the main triage area,” Mersky said. “Now, one-thousand of those patients are sent directly to ExpressCare and stiker patients are able to be seen and treated quicker.”

The Code Help Policy, which uses a color-coding system — green, yellow, orange and red — to alert staff to patient overflow issues in the ED, has replaced Code 100 and continues to be refined since its January 4 launch. Code Help was created as a four-tiered action plan to alleviate crowding in the ED long before it gets to a critical point.

Sam Shen, MD, Chair of the Department of Emergency Medicine, said with a growing volume of people coming into St. Luke’s ED — the second busiest community hospital ED in the state — the challenge is to care for the increasing number of patients as quickly and efficiently as possible.

“From the staff side, the ED changes have improved morale and reinvigorated the department,” Dr. Shen said. “They have helped to improve communication within the departments and improve the teamwork between physicians, nurses and mid-levels.”

The recent improvements, Dr. Shen said, are also helping to move people more fluidly through the ED with the hope of also improving its reputation by providing a better quality of care for those that come through its doors.

“New Bedford has an underserved population due to a lack of access to primary care and often the ED is used for basic primary care,” Dr. Shen said. “So we want to make sure it’s a good experience for them.”

—— Jay Patesakis

2011 Employee Appeal Update

Donate now and be entered to win a Stop & Shop gift card

Thank you to all who pledged to the Employee Appeal. But if you have not given yet, it’s not too late!

And, if you make a donation to the employee appeal between now and September 1, you will be entered to win a $100 Stop & Shop gift card.

Southcoast is the largest employer in southeastern Massachusetts and a not-for-profit, charitable organization. We depend greatly on the support of our employees and local communities to help us maintain our impeccable standards.

If you have given in the past, please remember that Employee Appeal gifts must be renewed each year — either by cash, credit card or payroll deduction. Pledge payments via payroll deduction are calculated on a calendar year basis, beginning with the first paycheck in January and ending with the last paycheck in December. Of course, gifts of cash or credit also can be made at any time throughout the year.

To make a gift online, please visit our secure website at www.southcoast.org/give or visit the Southcoast intranet and look for the “Donate Now” button. If you would like to learn more about the 2011 employee appeal please contact Amy Winn, Annual Giving Officer, at 508-961-5358.

—— Amy Winn, Annual Giving Officer
When it comes to dealing with heart disease and other vascular-related ailments, the team at Southcoast’s Cardiovascular Care Center has worked to bring the best technology and patient care to the region.

Over the last few years, advanced technology has provided less invasive means for diagnosing vascular diseases and performing the surgery to treat it. With the help of new imaging technology, a number of vascular issues can now be detected early, eliminating the need for surgery.

Southcoast’s approach to diagnosing and treating vascular disease combines care under one integrated umbrella that tailors treatment to a patient’s individual needs, said Laurie Mulgrew, MHCA, Vice President of Cardiovascular & Imaging Services.

“If a patient comes in with a specific symptom, our team won’t just be looking to address that symptom,” she said. “Our approach is to get to the root of the symptom to prevent further and more complicated issues like heart failure and acute coronary syndrome.”

“The Cardiovascular Care Center streamlines care into one well-defined treatment plan,” Mulgrew said. “Through our Imaging Services, we find peripheral vascular diseases that had previously gone undetected. Doing so helps patients get the proper treatment.”

Southcoast has recently started a vascular screening program that screens for peripheral artery disease, also known as PAD. The program places nurses in community settings, such as local councils on aging, to test for this often silent but serious disease.

PAD is a disease that affects millions of Americans each year—many of whom are senior citizens—where arteries that supply blood to the legs and arms become narrowed. Those who suffer from PAD are at risk to eventually suffer strokes or heart attacks.

“We have already gone into a number of communities and to public events to help determine if people have this disease,” Mulgrew said of the free screenings that take about 20 minutes to complete. “We’ll provide the service anywhere people want us to.”

Salman Bashir, MD, Vice Chair of the Radiology Department at St. Luke’s, said improved technology has allowed sophisticated treatment to become less invasive.

“The treatment of vascular diseases has made significant advancements over the last two decades,” Dr. Bashir said.

In addition to the treatment of vascular disease interventional radiologists at St. Luke’s also perform embolization procedures. These involve blocking arteries with small metallic coils or particles. This procedure is commonly used for treating bleeding such as from bleeding ulcers, traumatic injury and nose bleeds. This embolization is also used to shrink fibroids and is an alternative to hysterectomy.

Embolization can be performed in combination with other therapies used in the oncology services provided at Southcoast.

“Embolization can be performed in combination with other therapies used in the oncology services provided at Southcoast. It is also used to shrink fibroids and is an alternative to hysterectomy. Magnetic resonance angiogram is also available for vascular assessment.”

“Using an example of an abdominal aortic aneurysm, he said repairing an aneurysm used to require major open surgery, which involved a major abdominal incision and a week-long stay in the hospital. With new technology, the aneurysm is repaired using two small incisions, with a recovery that requires only a one-night hospital stay in certain patients.

“The results are just as good and the recovery time is much quicker,” Dr. Fogle said. “We are now able to treat many vascular problems with overnight stays in the hospital rather than major surgery due to the advancement in technology in the angiography suite. We now treat patients with technology not even available 10 years ago.”

Roger C. Rosen, MD, Assistant Director of the Division of Vascular Surgery, at St. Luke’s Hospital, is fond of saying that at least half of the surgical methods he utilizes today were not even invented when he started his practice back in 1988, but many of those methods have paved the way for elderly people living in relative comfort well into their 80s.

Vascular surgery, which refers to the treatment of vascular diseases through minimally invasive procedures by using tools that pass through blood vessels, is far less invasive than traditional bypass surgery, Dr. Rosen said, allowing for minimal pain and quicker recovery. Endovascular surgery now makes up more than 50 percent of the surgery Dr. Rosen does as compared to traditional bypass surgery.

“Endovascular procedures, while not as durable as open bypass, are much less invasive and therefore very attractive therapy when operating on 80-year-olds with numerous severe medical problems,” Dr. Rosen said. “The results are getting better all the time — the technology is always improving and paves the way to better treatment of patients, especially elderly ones.”

The cutting edge endovascular operating suite at St. Luke’s is not only the best in the region, Dr. Rosen said, but is one of the best in the entire country.

“The Endovascular OR at St. Luke’s is more advanced than most of the facilities at the academic medical centers,” he said. “We offer the latest in vascular therapy right here at Southcoast.”

— Jay Pateakos

Charlton ED Now Offers Valet Parking

Charlton Memorial Hospital will soon offer Emergency Department patients free valet parking services from 10 a.m. to 10 p.m. daily. The service was set to begin in early August.

“Our goal is to always offer exceptional service to our patients,” said Lisa Rechard, RN, Director of the Charlton ED. “We hope this service will help our patients get to the ED quicker and without having to worry about parking their car or walking a long distance to get the care they need.”

— Jay Pateakos
It is Important to Report Your Community Involvement

Community outreach is an important part of Southcoast’s mission and, as a not-for-profit health care provider, it is vital to keep an accurate inventory of Southcoast’s community outreach/community benefits activities and those of its employees.

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Expenses</td>
<td>Expenses incurred as part of Southcoast’s Community Benefits programs. These are listed in our annual Community Benefits Report (<a href="http://www.southcoast.org/communitybenefits">www.southcoast.org/communitybenefits</a>). Expenses may include the cost of an employee’s time along with supplies and expenses.</td>
<td>Southcoast Health Van RAPP, Cardiac prevention, Patient Financial, Services and health insurance outreach, Cancer screenings and outreach</td>
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<tr>
<td>Employee Volunteerism</td>
<td>Volunteer activities by Southcoast employees — on their own time — that help support a defined community benefits initiative.</td>
<td>Free screenings, such as blood pressure, etc. Volunteer activities for programs that address youth risk behaviors. Activities that support emergency preparedness. Health education on prevention, such as healthy eating and promotion of bike and walking trails in communities.</td>
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<tr>
<td>Other Leveraged Resources</td>
<td>Grants and other funding obtained to support Southcoast community benefits initiatives.</td>
<td>Health Advocates grant, RAPP grant</td>
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<tr>
<td>Community Building</td>
<td>Costs of Southcoast’s activities that protect or improve our communities’ health or safety, including economic and infrastructure improvements that affect health and quality of life. (Source IBS)</td>
<td>Economic development activities that support education and job creation. Activities that support public safety, such as emergency preparedness and other public health planning and implementation. Support for community infrastructure improvements that promote good health such as expansion and maintenance of public parks, community gardens, particularly in “at-risk” neighborhoods.</td>
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This past year, Southcoast reported more than $14 million in direct services and programs, including more than $7 million in free care for the most needy of our patients. “It is important that we make public a clear accounting of all that we do to benefit our communities,” said Kerry Mello, Community Benefits Manager for Southcoast. “In fact, we are required each year by both the Massachusetts Attorney General and the Internal Revenue Service to provide detailed reports on the extent of our community benefits programs.” That report can include qualifying activities and involvement by employees both during work hours and on their own time.

**Reporting community benefits**

“It is vital that Southcoast staff detail all community benefits and community outreach efforts — not just for compiling our annual reports, but also because it helps tell the story of the many different ways we improve the health of our communities,” Mello said. Use the following grid to determine what activities can be credited toward Southcoast’s community benefits contribution. All community benefits activities should be reported on the community benefits form found on the Southcoast intranet in the Marketing & Public Relations page. Contact Kerry Mello, Community Benefits Manager, at 65-5273 or mellok@southcoast.org with any questions.

Southcoast Celebrates Openings of Centers for Cancer Care in Fairhaven & Wareham Medical Office Building

Southcoast celebrated the official opening of two buildings, in June, designed to make essential health care services available to citizens of the South Coast without having to travel great distances.

The Southcoast Centers for Cancer Care began treating patients at its new Fairhaven location on Monday, June 27. Just one town over, a ribbon-cutting ceremony, held on June 29 and hosted by the A.D. Makepeace Company and Southcoast Health System, marked the official opening of a new medical office building at Rosebrook Business Park, 100 Rosebrook Way in Wareham.

The opening of the Southcoast Centers for Cancer Care’s Fairhaven site brings together advanced diagnostic services, state-of-the-art radiation therapy and medical oncology, such as chemotherapy, in a peaceful, natural setting designed with input from cancer patients. The $46,000 square foot center is conveniently located right off of Interstate 195 on 206 Mill Road in Fairhaven.

“It is crucial for South Coast communities to have access to high-quality oncology services without having to travel,” said Keith A. Hovan, President & CEO of Southcoast Health System & Southcoast Hospitals Group. “With the opening of our new Southcoast Centers for Cancer Care in Fairhaven — in addition to our existing site at Charlton Memorial Hospital in Fall River — Southcoast fulfills its promise to the community to make these services available to all.”

The opening of Southcoast Medical at Rosebrook brings together 15 Southcoast primary care and specialty physicians, the Southcoast Center for Weight Loss and comprehensive outpatient radiology and laboratory services, which will include X-ray, computerized tomography (CT), digital mammography with stereotactic biopsy equipment, ultrasound, echocardiography, nuclear medicine and bone densitometry/DXA scanning.

“In just a few short weeks, this new medical center is already fulfilling its promise,” Hovan said. “We have already improved access to medical specialists that patients previously had to travel for and provided easy access to a spacious new state-of-the-art outpatient radiology and laboratory area that will provide some of the very latest diagnostic technology available anywhere.”

For more information on Southcoast’s cancer services, log on to www.southcoast.org/cancercare. For a complete listing of the physicians and service available at Southcoast Medical at Rosebrook, log on to www.southcoast.org/news and look for the press release on the ribbon cutting.
I am going to step away from the topics I usually discuss in this column and use this space to congratulate Tobey Hospital on receiving Baby-Friendly Designation from Baby-Friendly USA.

Baby-Friendly USA is a non-profit organization that implements the Baby-Friendly Hospital Initiative in the United States. Baby-Friendly is a global program sponsored by the World Health Organization and the United Nations Children’s Fund, which you probably know as UNICEF, to encourage and recognize hospitals and birthing centers that offer the highest level of care for infant feeding.

Baby-Friendly USA assists hospitals in giving mothers the information, confidence and skills needed to successfully initiate and continue breastfeeding their babies or feeding formula safely — and gives special recognition to hospitals that have done so.

Tobey Hospital is just the third facility in Massachusetts — and the first community hospital in the Bay State — to receive this prestigious designation.

Why is being a baby-friendly hospital important?

More than one million infants around the world die every year because they are not breastfed or are given other foods too early. Millions more live in poor health, contract preventable diseases and battle malnutrition.

While babies in the U.S. fare much better than those born in developing countries, thousands of infants in America suffer the ill effects of suboptimal feeding practices. Those problems can include diarrhea, respiratory and ear infections and allergic skin disorders.

In the U.S. the benefits of more mothers breastfeeding could translate into millions of dollars of savings to our health care system through decreased hospitalizations and pediatric clinic visits. For example, some 200,000 U.S. children, most of whom are young infants, are hospitalized each year for diarrhea at a cost of more than half a billion dollar. Many of these cases of diarrhea could be prevented with breastfeeding. The Journal of Pediatrics reports that the incidence of otitis media (ear infections) is significantly lower in breastfed as compared to non-breastfed infants.

Tobey Hospital met numerous requirements to achieve the Baby-Friendly Designation, including establishing the practice of “rooming in” (allowing mothers and infants to remain together 24-hours a day), providing breastfeeding education to all staff and encouraging skin-to-skin contact immediately after delivery.

Tobey Hospital also provides breastfeeding support after discharge through bimonthly support groups and outpatient visits with certified lactation counselors.

Baby-Friendly Designation is a significant achievement for Southcoast. Tobey Hospital has been recognized for delivering the best care to our breastfeeding mothers. It was a huge undertaking to meet the requirements for this prestigious designation and doing so has enabled us to provide better care for the families. Better care for families translates to a healthier community, which has always been a goal for Southcoast but is even more important now as we move toward developing an Integrated System of Care. Congratulations to Tobey Hospital and the staff of the Tobey Family-Centered Unit for this outstanding achievement!

For the Eight Months Ending May 31, 2011

Operating Results

For the month of May, Southcoast generated income from operations of $1.5 million. The combination of very high inpatient volume and close-to-budget outpatient revenue again produced a very positive financial result. For the eight months ended in May, Southcoast earned a $10.3 million, or 2.1 percent, margin from operations, which exceeded budget by $6.6 million and was $3.4 million ahead of the first eight months of fiscal 2010. In addition to the positive results for hospital services, the financial results for the employed physician groups also exceeded budget due to growth in revenues.

Through May, operating revenues were ahead of budget by $21.7 million, or 4.6 percent, due primarily to unprecedented inpatient volumes, which exceeded budget by 12 percent in May and exceed the year-to-date budget and the prior year period respectively by a similar percentage. Additionally, Southcoast’s employed physician group revenue grew significantly through the hiring of additional physicians and due to the growth in existing practices.

Through May, operating expenses were over budget by $16 million, or 3.4 percent. Personnel costs were $12.4 million, or 5.4 percent, over budget through May. Almost half of the variance was due to the growth in Southcoast’s employed physician practices. The remainder represented premium pay such as overtime, agency staff and ETO costs used to meet the inpatient hospital volume. Additionally, supply expenses were over budget by $3.7 million, or 4.8 percent, but when flexed for volume, supply expenses per adjusted occupied bed were under budget by 3.8 percent year-to-date.

The year-to-date positive results place Southcoast in a good position to begin the summer months, which typically have closer to break-even financial results due to dips in volume and the higher cost of replacing vacationing staff. Southcoast meeting its financial goals for fiscal 2011 will also depends on meeting Medicare’s “meaningful use” requirements for the ACIS project in the next couple of months, which may result in additional Medicare payments of a few million dollars.

### Financial Update

<table>
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<th>Year-to-Date</th>
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<td>Actual</td>
<td>Budget</td>
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<tr>
<td>Average Daily Census</td>
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<tr>
<td>Hospital Discharges</td>
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<td>Average Length-of-Stay</td>
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<td>Emergency Room Visits</td>
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<td>Home Care Episodes of Care (Medicare only)</td>
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St. Luke’s Hospital dedicates lobby in tribute to John B. Day

Southcoast Health System recently dedicated the St. Luke’s Hospital lobby in tribute to John B. Day, who retired as CEO of Southcoast Health System on July 1, after 33 years of service to Southcoast and its legacy organizations.

“John Day’s countless contributions and his outstanding leadership values have shaped the way health care is delivered in this region and beyond,” said Keith A. Hovan, President & CEO of Southcoast Health System & Southcoast Hospitals Group, who succeeded Day at Southcoast. “He has always been a fervent advocate for what is most important — that Southcoast’s top priority is always the needs of our patients and our communities.”

We introduced the Lean practice of the Five S’s in January 2010 and since then have seen a number of successes using this important tool to improve working conditions across our three hospital sites.

We are currently in the middle of a major Five S project to standardize the organization, labeling and storage of medical/surgical supplies on all nursing units across the Southcoast system. When completed, the effort promises to increase efficiency and allow any nurse or other clinician to walk onto a nursing unit at any Southcoast hospital and be able to easily find the supplies they need to treat patients.

The Five S’s are sort, straighten, scrub, standardize and sustain. Utilizing them replaces random “organization” with a thoughtful, logical process that is proven to improve safety, decrease downtime, raise employee morale, identify problems more quickly, develop control through improved visibility and establish more convenient work practices.

Ingraining the Five S’s into the work culture has also been shown to increase service and process quality, promote stronger communication among staff and empower employees to be in control of their work area in a standardized fashion.

If you work on any unit of our hospitals, you probably instantly recognize that the Five S philosophy seems custom-made for the organization of medical and surgical supplies.

Nidia Williams, Director of Quality Data Services and Six Sigma Master Black Belt, led the project team that devised the system for organizing the supplies and Bill Tringali, Director of Purchasing, has the responsibility of implementing the plan.

Each nursing unit has a supply closet or carts held in a secure area for storing basic supplies and utility items. Currently, each unit organizes the supplies in their own way with no standardization.

The Five S’s advocate using visual cues, colors and easy-to-read labeling to organize supplies.

The project team — made up of nurses from across the system — developed a standardized color-coding system to label all supplies and materials. It was important to involve nurses in this project because they are the ones who use the supplies and will be utilizing the new system. It had to work for them. The result is in the chart accompanying this article. (Chart will be inserted into the article at layout.)

Tringali and Materials Management Team Leaders — Jamie Almond at Charlton, Eliseo (Chico) Sanchez at St. Luke’s and Penny Jones at Tobey — are now implementing the transition to the new system. Their first step will be to standardize the storage bins — replacing existing cardboard and plastic bins with antimicrobial hard plastic ones — and printing new standardized, easy-to-read labeling for them. The team is also planning to categorize bins to further increase efficiency, ensuring that all the bins for cardiac supplies, for example, are grouped together.

Demonstration rooms are being assembled as of this writing in mid-July with the intent of having a room ready for nurse leadership to view on July 28. Once the prototype room is approved, the team will move forward with converting all supply closets and carts on nursing units at all three hospitals to the new standard.

While the efforts to organize supplies have been comprehensive, there may be still be some items that have yet to be categorized. If your unit has any such items, please contact Bill Tringali, who will aid in mapping the items to the correct color code.

“John Day has long been a visionary in health care — always believing that the best care can be delivered close to home, especially for the patients who need it most,” said Carl Ribeiro, Chair of the Board of Trustees of Southcoast Health System. “John started at St. Luke’s before there ever was a Southcoast and he will probably always be best remembered as the face of St. Luke’s and a fixture in New Bedford. Every day you would find John in the St. Luke’s lobby — at the Information Desk chatting with staff, volunteers, patients and visitors or holding court in the St. Luke’s Gift Shop, coffee shop or cafeteria. So it was only fitting that we, as trustees, looked to St. Luke’s to find a suitable and lasting tribute to John. “It was John’s vision that will ensure exceptional health care for generations of South Coast residents to come,” Ribeiro said.

The lobby was been officially named the John B. Day Lobby and signage was installed above the information desk just inside the front doors on July 25.

St. Luke’s Hospital dedicates lobby in tribute to John B. Day

Patrick Gannon
Vice President of Performance Improvement
Chief Quality Officer, Southcoast Health System

Quality & Safety
What are your responsibilities at Southcoast?
My responsibility is the leadership of all three Emergency Departments, with a special emphasis on St. Luke’s, which has the biggest challenges. We are looking at the leadership structure to see if it is adequate at St. Luke’s as well as evaluating and improving public perception and the patient care experience.

What are some of the challenges facing Southcoast’s Emergency Departments?
We have to change the way we think about delivering health care in our EDs. Often, from a medical or nursing point of view, the focus is more on workflow, but we need to change that focus to be on patients. We want patients to get in quickly, be seen by a doctor quickly and get the treatment or care they need to get better. But we want them also to be treated with compassion and respect.

What changes have been made to improve the operations at the EDs?
We have changed the leadership structure at St. Luke’s. Before, we had one Patient Care Manager in the ED for all 250 employees and now we have six who are already turning things positive. There is one Team Coordinator on each shift that helps to move the patients through quicker. We have eliminated hall beds for initial patient care, which has provided a better patient experience because of improved privacy. We have put a dedicated staff into ExpressCare — people who know their craft — so they are not interrupted. We have increased patient privacy. Added to that, we have six Team Coordinators and six Team Members.

Why is the focus on the patients in the ED so important?
All totaled, our three EDs see about 180,000 patients a year. If you add just two people to each patient, say a mom and dad or a brother and a sister, you see how many people you can effect with this ED experience.

What else needs to be done for the future of the ED?
I think each of the three hospitals and their EDs are unique and therefore require changes that are unique to them. We have to look strategically to where the EDs are going to be in one, three or five years. Each department has a definite game plan, and everyone from the unit secretary to the physicians have to be on the same page with these changes. Like in football, they don’t just say “go out and play” — they have a game plan they follow, as do we.

You started at Southcoast as a consultant but decided to take a permanent position. Why?
It’s a good organization that has a lot of potential as it is the health care provider for southeastern Massachusetts. I was very impressed with the leadership of the hospital. They have a vision for the future that I can relate to.

— Jay Pateakos

MIS Help Desk
Changes Phone Number

The MIS Help Desk has moved its operations to the South Coast Business Center — and with the move comes a change in phone numbers.

Anyone needing to contact the Help Desk can do so by dialing 61-3333 or 508-973-3333.

Once connected, callers will be able to access help more efficiently through the use of a new menu of options that directs calls to a Support Technician who can assist the user’s specific concern.

“The move and the new menu are the first steps in a series planned to improve support to our users,” said Robert Lagasse, Help Desk Manager. “Employees, physicians and their office staff should stay tuned for more news from the Help Desk in the coming months as we work hard to provide better support to all.”