



Intermountain of April 2010

Stories

News, Views, People & Plans • Medical Group Edition



A new program teaches patient communications skills to all clinic employees

For the past several years, Medical Group clinicians have participated in a four-and-a-half-hour training designed to enhance communication in patient interactions. In fact, that workshop has been so successful that Medical Group leaders decided to offer similar training to *all* clinic employees.

Communicating with Compassion is the new training program that gives employees the tools and techniques they need to interact more effectively with patients. Following a successful pilot, the training is now rolling out to clinics throughout the Medical Group.

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After one training session, a manager proclaimed, “Now this is a training program that will really make a meaningful difference in what we do!”

“Communication is at the heart of everything that we do in performing the duties associated with our jobs,” says John Ostrom, human resources director. “It naturally follows that learning to become more effective in our communications with our patients and each other will improve the experience our patients have in our clinics, and it will also enhance our work relationships with each other.”



Response to the initial session has been very positive. Some employees were surprised at how much information was new. Others explained that they had never done anything like it—that is, never really talked about the barriers to good communication.

Like the physician communications program, the employee training is based on the “four Es” of communication—Engage, Empathize, Educate and Enlist—that provide a foundation for gaining good communication skills. Organized into five, 30-minute sessions, the training explains a concept and then gives employees an opportunity to try out

the new ideas. Each session begins with a follow up on what employees did and how it worked.

“The tools we give them are real, something they can use on the job,” says Darren Walker, human resources manager, who’s conducted several training sessions. “This isn’t just fluff, or something that sounds like it *might* work. People are really putting the tools to use.”

The ultimate goal of the training is to improve patient interactions as measured by a clinic’s PPQ scores. Some employees may underestimate the impact they personally have on the scores, but one individual truly can make a huge difference.

For example, a recent patient email message read: “The doctors at this clinic are awesome. I love them. They are some of the best. However, the receptionist doesn’t make the place seem very inviting. She is difficult to deal with and has no tact. I would only recommend someone go to the clinic if they are dying.”

“Of course it’s important that we do the routine, mechanical aspects of our job effectively,” says Ranger Hamilton, human resources manager. “But just as important is creating an environment that allows patients to share information with us and then to feel comfortable in doing what we ask them to do.”

The *Communicating with Compassion* training is one step toward achieving that kind of environment.

“Employees will get the most from the training by learning the tools, trying them out and seeing what happens,” says Darren. “Our guess is they’ll start to see a meaningful, positive difference in interactions with patients, physicians and their peers.”

We can all benefit from



Just over 15 years ago, the Intermountain Medical Group got its start as a collection of clinics focused on providing optimal patient care. Since the group began, we've worked to implement continuous quality improvement at all levels of the organization. I'm excited to introduce a concept that will help us do an even better job of making improvements.

By Chris Thornock
Chief Administrative Officer
Intermountain Medical Group

For the past year, we've worked to develop a way to formalize and strengthen our process improvement efforts. What we've come up with is an effort called the 100% Participation initiative. Based on total quality improvement principles espoused by successful organizations such as Toyota Motor Corporation, the 100% Participation initiative builds on our already existing improvement efforts.

As the name implies, 100% Participation is an initiative that requires everyone's involvement—from management to clinicians to staff—since we all have an important role to play in improving our processes. The 100% Participation program suggests that improvement can be any idea which has the potential to improve an area of the work place.

This new program teaches that we all have two jobs. Our first job is to execute the work we were hired to do. Our second job is to improve the *way* we do our work. Using a simple four-step process, 100% Participation teaches how to 1) identify work processes, 2) prioritize those processes, 3) identify defects or waste and, 4) improve those processes by eliminating waste.

Another important part of the program is to share with each other the things we're doing to improve. The Medical Group already has a tool for sharing improvement ideas—the Best Practices Library—and using that library will become even more important as we rollout the 100% Participation initiative.

We recently conducted a 100% Participation training pilot in the Central and South Salt Lake regions with a very favorable response. We received a lot of good feedback on ways to make the training more useful and targeted to our clinics' needs. Our plan now is to roll the training out on a system-wide basis in coordination with Dr. Brent James and Intermountain's Institute for Healthcare Delivery Research.

I hope you'll embrace this new approach to quality improvement. Change can be difficult to accept, but from my perspective, 100% Participation has the potential to help move the Medical Group to higher levels as we work to provide extraordinary patient care.

Military strategy of the week...

From Ruminations, copyright by Chris White...

“If I were a military commander during the Revolutionary War and I heard the opposing commander tell his troops not to fire until they could ‘see the whites of their eyes,’ I would tell my troops to squint.”

Park City Specialty Clinic opens

Vanessa M. Hart, MD, was practicing general surgery in St. Petersburg, Fla. She was in private practice where she focused on general surgery and was responsible for providing care in seven area hospitals. She was also affiliated with the state-of-the-art Susan Sheppard McGillicuddy Breast Center where she provided care for breast cancer patients. However, she felt that her quality of life was being affected by her work responsibilities. When she, her husband and daughter came to Park City to ski, she thought the Park City lifestyle would be preferable to the one she had in Florida.



Pausing near the hospital's lobby fireplace, Vanessa Hart, MD, practices general surgery at the Park City Specialty Clinic.

As a result, Dr. Hart is Park City's only general surgeon, and practices at the new Intermountain Park City Specialty Clinic, which opened Sept. 14, 2009, in the Park City Medical Center. The clinic is unusual for the Park City area because of its emphasis on specialty medicine and the range of specialties represented there.

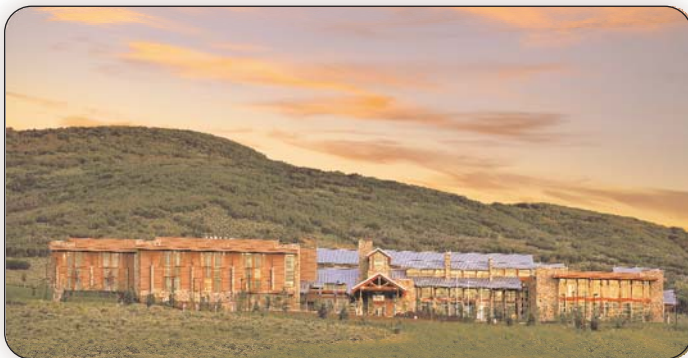
Dr. Hart has found that building a practice from the ground up has its challenges. "I found myself saying, 'What do you mean you don't have that thing I always liked to use?'" She says with a laugh. "Before, I walked into a place and everything was done. These were established practices. Here I had to order equipment and find staff. It is not as easy as it looks."

The clinic includes 11 exam rooms, two procedure rooms and seven physician offices. Other clinic providers include Dr. Jeanne M. Falk, Dr. LaReine S. Sabella and Certified Nurse Midwife Danielle Demeter who provide OB/GYN services and a full complement of women's services including well womens care, specialized womens care and obstetrics. Dr. Hart's general surgery services range from non-invasive procedures such as Laparoscopic appendectomies, gall bladder removal, breast biopsies and surgical procedures to thyroidectomies, just to name a few. Danielle Adams, MD, will soon complete her residency in general surgery at the University of Utah and come on board as Dr. Hart's partner.

In addition, the clinic has visiting specialties of ENT from Peak ENT, Dr. Graydon Harker with Utah Cancer Specialists, non-operative Sports Medicine provided by Dr. Massimo Testa and will soon be welcoming urology providers as well. At that time, the clinic's staffing will be complete.

The Specialty Clinic is proving to be an important asset to the Park City community. Christi reports that patient visits are steadily increasing.

Providing a wide range of convenient services. "A lot of people in the community have said how nice it is to just drive down the street to receive medical



The Park City Specialty Clinic is located inside the Park City Medical Center, shown here.

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care or to see a loved one in the hospital, rather than having to drive down to Salt Lake or Provo,” comments Christi.

“There was a real need for this type of clinic in the Park City area,” notes Christi. “Before we opened, people would have to travel fairly long distances to get the medical services they needed.”

Dr. Hart and her family have found Park City to be to their liking. “It’s a great community, with great people to work with. I’m loving it,” she says. “It is exciting to be part of building a hospital and clinic from scratch and helping to bring to the community what it was lacking.”

As for the people of Park City she says, “It’s just been a pleasure to take care of the community. It’s like treating friends and family.”

Cindy Beebe

working to improve registration and scheduling

Every clinic has registration and scheduling functions, but having these work effectively and efficiently is a challenge. As the Medical Group’s patient access manager, Cindy Beebe works to ensure these functions are well managed and well executed.

Among Cindy’s responsibilities is to educate and support best practices for registration and scheduling. Examples of these best practices include protocols for the front desk to answer the phone within its first three rings and to smile when speaking on the phone.

“Patients can ‘hear’ that smile when you answer the phone,” notes Cindy.

Best Practice areas of focus. Cindy has helped to establish four areas of focus with regards to patient scheduling: how to answer the phone, schedule an appointment, make a reminder call (about an upcoming appointment, for instance), and what to do at the end of a shift. She also has helped establish lists of general courtesy tips and all the things the scheduler needs to remind the patient.

Cindy also helped to establish five additional areas of focus with regards to registration: how to verify a patient’s demographics and insurance, how to collect payments, how to instruct patients after registration is complete, what needs to be done at shift end and what needs to be completed daily. She has also helped establish sample verbiage that can be used to effectively ask patients for the information to complete their registration.

The results of these efforts are significant. By following best practices, each of the Medical Group’s many clinics optimizes their efficiency and effectiveness. Patient experience among clinics is improved because each clinic operates similarly and consistently.



CINDY BEEBE, continued from page 5

Patient Access Committee Members

The Patient Access Committee (PAC) currently includes:

Jill Birdsall
Physicians Billing

Terri Birkes
River Road IM

Michelle Bunn
Salt Lake Clinic

Stephanie Cain
South Sandy

Kara Curtis
Memorial Clinic

Lannie Davis
A/R Support

Michelle Elton
Avenues Internal Medicine

Raelynn Hansen
Utah Valley Multi
Specialty/InstaCare

Sharma May
Dixie Plastic Surgery

Mellissa Minton
Holladay and Murray
InstaCare

Andra Peterson
Budge Clinic

Alisha Rasmussen
Centricity Business Team

Kari Roemer
Budge Clinic

Jamie Schwobe
Centricity Business Team

Jamie Smith
McKay-Dee Behavioral
Health

Dawnelle Willey
Calton-Harrison Clinic

Sara Wyatt
UCR Physician Practice
Management Team

Improving clinical care. Beyond this, clinical care is affected. “By doing things correctly,” notes Cindy, “we impact clinical care because we eliminate duplicate records and make it easier for our physicians to access accurate and complete clinic information about patients.”

Cindy came to Intermountain in 1993 to train employees on scheduling and registration. Five years later she became a systems engineer, supporting scheduling and registration, and in 2003 took on the newly created position of patient access manager. Having someone in such a position was deemed valuable because it was recognized that, at the time, functions within the Medical Group lacked consistent and proven best practices.

Cindy’s efforts are appreciated at the clinic level. “Cindy is constantly looking for ways to improve our patient flow, patient satisfaction at the front desk and our computer system,” notes Terri Birkes, manager at the St. George Intermountain River Road Internal Medicine and Southwest Rheumatology Associates clinics.

The front desk gains a voice. Terri says as a result of Cindy’s efforts, the front desk has gained a voice in establishing best practices, and that has improved performance. Before, a part of the organization might say it needs this or that without really understanding the affect such a request would have on the work required of the front desk. A few extra seconds doing something may not sound like much, but such requests become significant when they are numerous.

“It’s not that what they are asking isn’t good, but sometimes they just don’t understand how their requests affect the front desk,” says Terri. “Cindy is an advocate for the front desk and that has really been valuable.”

To find the best of the best practices takes considerable effort.

“Rarely does a clinic do everything great,” notes Cindy, “but they may do many things well.”

To find both scheduling and registration best practices, several teams visited many clinics to learn how they operate. The top ideas were then developed into best practices. The Patient Access Committee now maintains these best practices and also discusses and approves new best practice ideas as appropriate. Before implementing these ideas, however, the committee members take the proposals back to their region for discussion and manager approval. The resulting best practices have the input of those using them and the required testing to ensure they perform as expected.

Terri says that some meetings she attends result in a lot of talk, but few things happening. Not with Cindy’s meetings.

“I know my time will be well spent when I go to one of her meetings,” Terri says. “Any suggestions made get done, if possible. Cindy makes sure of that.”

Perhaps that is why the Medical Group’s registration and scheduling functions are operating better than ever.



Medical Group physicians go to Haiti

The distance between Haiti's Port-au-Prince and Salt Lake City is over 3,000 miles, but that did not stop several members of the Medical Group from dropping all plans and quickly getting to the Haitian capital after it was struck by a devastating earthquake on Jan. 12, 2010.

Brandon Hall, MD, a family practice physician at the Springville InstaCare, was watching the news about the earthquake with his wife when she commented that this looked like the worse disaster she had ever seen. Dr. Hall, who speaks French (one of Haiti's languages), decided then that he would volunteer to go to Haiti and provide medical services, even though he and his wife were expecting a child in a few days. He contacted one international aid organization, only to be turned down, so he called the LDS Church and was told there were no immediate plans to provide assistance to Haiti.

Yet, 30 minutes later, he received a call from the Church with news that a plane would be going to Haiti and he was invited to join. At that time, only he and another physician were expected to make the trip. Things were moving quickly though, and by the time the flight took off five days later (one week after the earthquake) a group of 20 medical providers were on it, including 12 physicians.

In addition to Dr. Hall, other Medical Group physicians who volunteered their time were Allen Day, MD, Marc Johnson, MD, and Raymond Price, MD. (Additional physicians, including Mark Milligan, MD, Craig Hatton, MD, Dirk Noyes, MD, and some support staff went on other service trips to Haiti.) Sponsored by the LDS Church, the team stopped in Miami and then went on to Santo Domingo, Dominican Republic, because non-military flights were

unable to land in Port-au-Prince. The group was then bused on a 10-hour overnight trip to the Haitian capital.

They brought with them equipment and medications. Before leaving, they heard that Haiti had a shortage of antibiotics, and Dr. Hall was able to get 8,000 antibiotic doses at cost from Intermountain's Timpview Pharmacy on the campus of Utah Valley Regional Medical Center.

This was the first of a number of examples of generosity. In Miami, the group decided to purchase x-ray film and called a radiology supply store. They were quoted one price only to have that price cut by about



75 percent when the owner learned they were taking it to Haiti. When they took a cab to pick up the x-ray film, the cab driver refused payment when he found out they were physicians going to work in Haiti. Though each member of the group brought about four bags weighing 70 pounds each, Delta Airlines did not charge any extra luggage fees. “Everyone was magnanimous,” says Dr. Hall. “Everyone was trying to give us things for very cheap, or free.”



Extensive devastation. What the group found in Haiti was overwhelming. “My first impression of Port-au-Prince was that it wasn’t so badly damaged,” says Dr. Hall. “But 10 minutes later my opinion changed when we got further into town and I saw the extent of the devastation. The destruction was far beyond what the media could convey.”

Upon arriving from Santo Domingo, the providers began work immediately at a clinic set up in an LDS Church meeting house. Over the next several days, they worked from 6 a.m. until 8 or 9 at night.

Much of what they saw was trauma.

“We saw a lot of fractures,” says Dr. Allen Day. “Big fractures, like the hip, femur and humerus, as well as compartment syndrome.”

“It was a week after the earthquake, and I thought we wouldn’t see much because people would have been treated,” recalls Dr. Hall, “But we saw horrible trauma. People had gangrene from untreated fractures, they had tendons hanging out of their legs, and third degree chemical burns from concrete.”

Says Dr. Day: “They had broken femurs and no Tylenol let alone Oxycodone. Yet, there was no whining, no complaining. When we first got there, people were still in a state of shock. Their eyes were empty. But while we were there, we saw them rebound. Every day there were more and more markets open, people started re-digging the foundations of their homes. People came out of their shock and started getting back to living.”

Dr. Marc Johnson, who had participated in medical missions in Haiti prior to this one, says: “Conditions were very difficult there before the earthquake. Basic medical care was hard to come by. But the most impressive thing is how resilient people in Haiti are. They are going forward and going on with their lives.”

Dr. Day was also very familiar with Haitians having worked with them and learned their language as an LDS Church missionary in Florida and the Bahamas. Just a year earlier he volunteered in Haiti under the auspices of International Aid Serving Kids (IASK) that

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provides services to poor children of Haiti and the Dominican Republic. Dr. Johnson had already gone to Haiti twice with IASK, and in fact returned there a couple of weeks after this earthquake-related trip to participate in an IASK mission that had been planned long before the earthquake.

Stories, amazing stories. “Everybody there had amazing stories,” notes Dr. Hall. He saw a 13 year old boy walking with a limp, and asked what happened. He said he was sitting in a school class when the quake started. The shaking of the building intensified and then the roof started to come down. He jumped out a window and went down six stories and landed on his feet. Nothing broke, and the only telltale sign of the jump was the limp. He refused medical treatment.

Others refused medical treatment for different reasons. Dr. Hall wanted to put casts on some who had broken feet or ankles, but they refused. He warned them they might end up with a deformity if their fractures were not properly set. “They told me, ‘If you put a cast on me, I can’t run away,’” says Dr. Hall. “They were afraid of the violence that had broken out. They were literally trying to stay alive, day to day.”

But those who participated on the trip were uniformly impressed by the Haitian people’s strength and determination. Says Dr. Johnson: “There were a lot of great stories of inspiring people who were living with horrible injuries without pain medicine or treatment.”

Get a workout while at work

Experts recommend participating in 30 to 60 minutes of exercise most days of the week. The question is how do you fit this into your daily routine with all the other demands on your time? What if you could do a few simple things during your work day to help you stay fit?



There are a few things you can do like walk around your building during your 15 minute break. Or take it one step further and walk to lunch. There are also some exercises that you can do right at your desk.

Challenge yourself to do these exercises twice a day or as it fits into your schedule.

Work your lower body by doing squats

Putting all of your weight on your heels with your head up, stand with your shoulders, hips, and

knees in a vertical line. Draw your stomach in as if you were making your waistline smaller. Slowly squat down. Keep your knees in line with your toes. Both knees should be facing forward. Repeat five-to-ten times.

Strengthen your abdominal muscles by doing knee tucks

Sit in a chair with your hands holding the armrests. Tighten your stomach muscles as you pull each knee in toward your chest. Alternate knees and then pull in both knees.

Work your upper body by using your desk to do push-ups

Stand facing a desk with your feet together. Keep your back straight. Lean forward and place your hands slightly wider than shoulder-width apart on the desk. Slowly lower your body toward the desk and then push away. Repeat up to ten times.

Don't forget to do a few stretches to help relieve a little of the day's tension

LEGS: Stand facing a desk, touching the top for balance. Place your right foot behind the heel of your left foot. Raise the heel of your left foot off the floor as high as possible, pressing on the ball of your foot. Repeat the exercise with your left foot behind the heel of your right foot.

NECK/SHOULDERS: Sitting or standing, allow your arms to hang at your sides. Tilt your head sideways to your shoulder. Hold for 15 seconds. Repeat on the opposite side.

BACK: Standing or sitting, place your hands on your hips. Slowly twist at your waist as if you were looking over your shoulder. Hold for 15 seconds. Repeat on the opposite side.

BACK/SHOULDER: Standing or sitting, reach one arm over your head and stretch toward the ceiling. With the opposite arm, reach toward the floor. Hold for 15 seconds. Repeat on the opposite side.

the **CLINICAL CORNER**



Clinical excellence: safe medication administration

Taking care of patients in the clinic setting can be very challenging. Employees often have many competing priorities and frequent interruptions. Thankfully, Medical Group clinical employees manage their busy workload efficiently, compassionately, and most often with a smile. Most of the time, this important work is also performed accurately. Unfortunately, some types of errors—even if they are comparatively infrequent—can have a significant impact on our patients' health and well being.

As clinical staff, we have an obligation to administer medications safely and appropriately. One way Medical Group leaders monitor

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how we are performing in this area is to review individual and trended medication events reported through our web event system. During 2009, 23 percent of all reported events in the Medical Group were associated with medication administration or dispensing. Many were preventable and would not have occurred if the employee had taken the time to follow some basic safety precautions. The Medical Group pharmacology skills module for medical assistants outlines these precautions by the numbers: Five Rights of Medication Administration, and Nine Cardinal Rules of Medication Administration.

Another good practice is to verbally review with the patient or parent the medications to be given prior to administration. For example, an employee might say, “Mrs. Smith, [list the medications] were ordered for you today. Do you have any questions before we begin?”

Taking the time to make safe medication administration a priority during a busy work day can make all the difference in meeting our ultimate objective of ensuring clinical excellence. Share best practices with your co-workers and colleagues, learn from each other, protect our patients.

Five Rights of Medication Administration:

- 1. Right Drug**
Check the medication order against the label on the medication container to be sure they match. Many medications look and sound alike. Have a written order and ask questions of the physician or clinician if the order is not clear in any way.
- 2. Right Dose**
Check the medication order for dosage against the medication dose on the label. Know the appropriate dosage of medication for the patient who will be receiving it. Calculate the correct dose.
- 3. Right Route**
Check the order for the route. Know the acceptable routes of administration for the ordered medication.
- 4. Right Time**
Check the order to be sure the medication is given at the correct time.
- 5. Right Patient**
Check the order to ensure that the correct patient is receiving the correct medication. Verbally identify the patient prior to administration of the medication.

Nine Cardinal Rules of Medication Administration

- 1. Know Dosage**
If you do not know the appropriate dose range for a particular medication, look it up in the medication insert, PDR, or a medication reference book.
- 2. Know Medication**
Name. Indications for the use. Actions. Side effects. Contraindications.
- 3. Read the Label Three Times**
When removing medication from stock. When preparing medication for administration. Prior to replacing medication in stock.
- 4. Clarify Orders**
Make sure you have the correct order for the medication, dose, route, time and patient. Never assume. If unsure, ask physician or clinician to clarify and write the order.
- 5. Identify Patient**
Correctly identify the patient for whom the medication has been ordered. Verbally clarify with patient that they are the correct patient prior to administering the medication.
- 6. Administer Clearly Labeled Medications**
Only use medications that have a label that is intact, readable and has not expired.
- 7. Administer Medications at Appropriate time**
Administer the medication at the time ordered by the provider.
- 8. Never Leave Medications Unattended**
Keep the medication in your possession from the time it is drawn up until it is administered. The medication should be administered promptly after it is drawn up. To prevent mix ups, never carry medications for more than one patient.
- 9. Never Give a Medication Prepared by Someone Else**
You are responsible for any medication you administer. You can only be sure that a medication is prepared correctly if you do it yourself.

Bountiful Internal Medicine

earns a Clinic Star award

The Bountiful Clinic's Internal Medicine department recently received a "Clinic Star" award for its exemplary performance on the Patient Perceptions of Quality (PPQ) survey. On the survey, internal medicine

patients at Bountiful gave the clinic high rankings for the caring, attentive, and knowledgeable clinical staff as well as for the ease in getting a prompt appointment.

Clinic manager Marilyn Kehl says that many questions on the PPQ survey were directly related to goals that the clinic had set in 2009. "We go over our goals for the PPQ at all monthly meetings. I also shared the PPQ scores quarterly with the staff, as well as the remarks that patients made," she explains.



The Bountiful Clinic Internal Medicine team earns Clinic Star recognition.

Marilyn speaks highly of both her staff and the clinic's patients. When asked about what sets her clinic apart, she expresses a sincere belief that those working at the clinic love their job, their coworkers and patients, and Intermountain as an organization. "When you love what you are doing, it makes you go over and beyond expectations," she says. "This shows every day at Bountiful."

Conference on healing chronic wounds is April 16-17 in St. George

"The Problem Wound: A Multi-disciplinary Team Approach" is the title of a medical workshop set for Friday and Saturday, April 16 and 17, in St. George. Primary care physicians, internists, hospitalists, emergency specialists, home health professionals, orthopedic physicians, general surgeons, podiatrists, physician's assistants, nurse practitioners, physical therapists, and other interested healthcare workers are invited.

The goal of the conference is to increase physician awareness of the treatment of chronic wounds and multi-disciplinary options to enhance the healing of difficult wounds. The etiology for poor wound healing will be reviewed, including arterial insufficiency, venous insufficiency, lymphedema, and infection. Options for soft tissue coverage of chronic wounds and prevention of pressure sores will be reviewed.

The conference includes two segments:

Educational sessions run Friday, April 16, from 7:30 a.m. to 4:30 p.m., at Dixie State College's Taylor Health Science Building. These sessions will also be available by live webcast for participants who can't be in St. George.

Hands-on workshops run Saturday, April 17, from 7:30 a.m. to noon in Dixie Regional Medical Center's Wound Clinic.

The conference is presented by Dixie Regional Medical Center Cardiovascular Department. Tuition is \$75 for both days, \$50 for Friday only, or \$25 for Saturday only. To register or get more information, contact Intermountain's Continuing Medical Education office at 801-442-3930 or www.intermountainphysician.org/cme/wound2010.

