

Medical Staff Update

November 2013

A Better Way to Communicate

PerfectServe, software designed to improve and customize physician communication, has been in place at SJMC for over a year. Presently only about 20 percent of physicians use the innovative software to simply transfer all calls to their answering service.

Does it matter? Below are recent stats on what happens when a physician, or a nurse, tries to reach another physician.

| | Perfect Serve | Answering Service |
|-------------------------------------------------------------|---------------|-------------------|
| % of completed communication within 2 minutes: | 25 | 0 |
| % of completed communication within 10 minutes: | 62 | 25 |
| % of completed communication taking longer than 30 minutes: | 12 | 58 |
| % of attempts requiring more than one call: | 11 | 42 |
| Average response time (in minutes): | 15 | 48 |

“PerfectServe is allowing patient care issues to be resolved much faster, with fewer phone calls and less time required by the physician,” explains James Benoit, MD, Chief of Staff. “Whether you look at physician convenience, patient convenience, or quality of care, PerfectServe is creating improvements.” PerfectServe routes calls to the right doctor (using up-to-date on-call schedules) in the exact way each doctor wants to be reached. A doctor has complete flexibility and control in how and when he/she gets messages – for instance, you can choose to have calls from the ED routed to your cell phone in real time, while routine calls are sent via text messages.

With the majority of adverse events related to communication, Dr. Benoit offers this advice: “Stop thinking of reasons you don’t want to use it and simply try it. The familiar is always more comfortable, but in this case, the benefits are too numerous to allow that to stop you.”

For help in customizing PerfectServe, call your physician liaison, Greg Mercado at (714) 446-5151 or Melanie Rubio at (714) 446-5162, or reach them via the doc link in PerfectServe. Please visit the Open Discussion Form at sjmedstaff.org to give us your feedback.

Introducing: Schwartz Rounds

Thursday, November 7

7:30 – 8:30 a.m.

Erickson Education Center

While traditional medical rounds focus on clinical care, a new program called Schwartz Rounds offers physicians and other health care team members the opportunity to openly and honestly discuss the most challenging emotional and social issues they face in caring for patients. The first forum will focus on “When a Colleague Under our Care Dies.”

“It’s an opportunity for dialogue that doesn’t happen anywhere else in the hospital,” explains Lea Powell, RN, MSN, OCN, Director, Cancer Services. “There is often a lot of emotion that, as health care team members, we try to ignore and move on. Yet never taking the time to process or share that experience is a significant factor in burnout and stress.”

After listening to a brief presentation by SJMC panelists attendees can share their own perspectives on the case and broader related issues. Outcomes from other hospitals include improved ability to cope with the emotional demands of clinical work, improved team-work and interdisciplinary communication, as well as new strategies for difficult patient situations.

Category I CME credit offered.

Visit sjmedstaff.org to view the entire CME Calendar of Events.

CMS 2014: IPPS Final Rule

The CMS Final Rule offers a clearer benchmark for determining the appropriateness of an inpatient admission, placing more emphasis on the time a patient is expected to stay.

Specifically:

- **Two-Midnight rule:** the hospital stay is considered inpatient if there is a reasonable (and documented) expectation the patient will stay past two midnights. Time spent in the hospital, including ED and observation time before admission, can apply toward the two-midnight benchmark.
- Admission orders must state **"Admit as Inpatient"** and plan of care and progress notes must document the need for inpatient services. **Clear daily documentation** is essential.
- Patients in observation status should be triaged before second midnight, either discharged or admitted (if there is a documented need for inpatient care). Observation status spanning more than two midnights should be rare.
- Placements to SNF still require a **three-day qualifying inpatient stay** (ED and observation time not counted). Medically necessary hospital services must be required in the three days prior to transfer.

An inpatient certification template has been added to Meditech and physician order sets have been updated. Questions? Contact Despina Kayichian, MD, Medical Director, Physician Utilization at (714) 882-9873.

Medical Staff News

Please visit the medical staff website at sjmedstaff.org for a list of the Committee Meetings and CME scheduled activities. For more information, please call (714) 992-3000, ext. 3775.

General Staff Meeting

Tuesday, Nov. 5, 6 p.m.

St. Jude Medical Center

Erickson Educational Center

Keynote Speaker: Ian Morrison,
author and consultant

New Physicians on Staff:

Grant Lee, MD
Ophthalmology

Jonathan Ou, MD
Internal Medicine