

WHAT'S UP?

FMC PHYSICIAN NEWSLETTER

November 2008

Master Facility Planning

In April, the FMC Board Strategic Planning Committee selected HDR Architects to analyze the hospital's current and future space needs and develop a plan to address these needs. Physicians were involved in this process from the beginning.

HDR is a nationally recognized, 40+ year-old design firm with offices located in Phoenix. They have been ranked among the top four healthcare firms in the nation by *Modern Healthcare's* annual Construction and Design Survey every year since the survey was established in 1978.

HDR's work on the Master Facility Plan began in late May and, since that time, they have been engaged in the following tasks:

- Assistance with visioning and strategies to prepare the FMC campus for future trends in healthcare delivery;
- Defining the impact of future healthcare innovations and technology trends;
- Conducting current/future capacity analyses;
- Validating the functional and space needs of identified programs and services.

In mid-August, HDR consultants facilitated eight clinical team meetings. Each three-hour meeting focused on a specific area, e.g., OR, ED, Critical Care, Outpatient Services, etc. Participants in each meeting represented a cross-section from multiple departments and included physicians, managers and staff. Discussion focused on what is going well and what needs improvement.

The information gathered in these meetings, along with other data already collected, will be used by HDR to create facility plan options and concepts for future campus development and growth. It is anticipated that work on the Master Facility Plan will be completed this winter.

Risk of *C. diff* may be increasing at FMC

Based on initial reviews of annual *C. difficile* test results at FMC, the number of patients affected may have increased by 20 percent between 2007 and 2008.

Rates of *C. diff* have been increasing nationally as well. Also, a more virulent strain of *C. diff*, producing 10 to 20 times as much toxin, has been isolated in some U.S. hospitals in the last few years. One year attributable mortality may be greater than 15 percent.

Risk factors for CDAD include: age greater than 65; severe comorbidity; nasogastric intubation; anti-ulcer medications; longer hospital stay, residence in SNF; narcotic use (possible risk for toxic megacolon); and quinolone use.

Since CDAD is almost always associated with antimicrobial use, physicians should avoid unnecessary (too many, too long) and inappropriate (too "broad") antimicrobial therapy. Patients with CDAD should be followed diligently for disease progression. Strict adherence to contact isolation and handwashing will prevent spread.

Notes in Cerner

When you are looking for physician notes in Cerner, please recognize that there are two different places this information may appear.

Dictated progress notes will appear under the Reports and Docs tab, in the Transcribed Documents folder. Reports that are typed in will appear either under the Transcribed Documents folder or in the Physician folder if it was created in PowerNote.

To date, more than 15,000 PowerNotes have been created across NAH facilities since the tool was piloted in September 2007. About 25 physicians at FMC are using PowerNote, including ED physicians, hospitalists, intensivists, trauma surgeons and cardiology.

cont'd.



Flagstaff Medical Center
Northern Arizona Healthcare

Looking to the future at FMC

FMC recently has engaged in several sessions with The Greeley Company, a nationally respected leader in educational and consulting services for hospitals, physicians and other healthcare organizations.

To help us evaluate possible future directions of the medical staff, Greeley is helping us conduct a brief survey that was distributed to physician mailboxes Nov. 10.

The survey, due back to me by Dec. 5, was designed to measure important aspects of our medical staff's culture along a continuum. After results are analyzed, they will be used in combination with the PRC physician survey results from earlier this year to develop action plans to address areas needing improvement.

Pulmonary function lab open

FMC's Respiratory Therapy department is now offering a PFT lab, open the following hours:

Monday 9 a.m.-3 p.m.

Tuesday 8 a.m.-5:30 p.m.

Wednesday 8 a.m.-5:30 p.m.

Thursday 8 a.m.-5:30 p.m.

There may be additional appointment days available as the need arises. Please call 772-2211 for an appointment. The tests will be read by pulmonologists at FMC. ABGs need to be ordered with the PFT to determine the correct DLco.

Patients scheduled for a test should be prepped as follows: No caffeine, bronchodilators, or smoking for 4 hours before the test. No eating for 2 hours before the test. Please have your patients arrive 30 minutes before their scheduled test time to register at patient registration.

QS Go-Live

On Nov. 5, the QS system used in the Women and Infants' Center for charting was upgraded. Servers were replaced, software was upgraded and customizations requested by the departments were made, including Maternal Infant Care Plans.

QS is now available throughout the hospital on workstations with Citrix, for users who have access.

Congratulations to the staff and physicians for their patience during this go-live.

Share your specific Cerner concerns

Results from the PRC physician survey showed that the medical staff ranked Cerner and IT issues the same this year as they did in 2005 - no improvement. This was unacceptable to me and FMC President Bill Bradel. We challenged PRIME and Perot to get together and do something about it.

The result was the new Physician Issues Action Team. The group has been hard at work developing plans to better communicate Cerner-related changes; close the loop with communication related to change requests; and provide a mechanism for ongoing training and support to physicians.

The team is comprised of PRIME representatives, Dr. Sarah Hsia, Perot staff and Keli Openshaw, Physician Relations Coordinator.

Upcoming plans include rounding on inpatient physicians certain days of the week beginning in December, to address any issues one-on-one in the physician's work environment. Phone support also is available to physicians by calling 213-6524. This dedicated Cerner physician issues line will be available beginning Dec. 1.

To help the team know where to focus its efforts, please log on to the following web site and take a 10-question Cerner survey. This will give the specifics needed to make improvements. The survey can be found at http://www.surveymonkey.com/s.aspx?sm=PjJm_2bPoOP0bxhY4s8wrNsA_3d_3d. It also is being distributed to physician mailboxes. Please return by Dec. 15.

Preparing for our accreditation site survey

As you work on the floors, you may have seen orange-vested staff periodically since early September and wondered what was going on.

These are members of the S.W.A.T. (Sharing What Accreditation Takes) Team. The team has been performing mock surveys on units in preparation for our CMS site survey, expected sometime this fall. The goal of the team is to help staff prepare in advance so we have a stress-free CMS survey.

If you see them coming, please take time to listen and learn. A successful survey depends on all of us.