

MD View



BON SECOURS
ST. MARY'S HOSPITAL
Bon Secours Richmond Health System



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MD VIEW

is published to keep medical staff informed and engaged in the on-going process of improving interdepartmental communication.

In addition to your mailed copy, **MD VIEW** can be accessed online at: <http://drsweb> under **Other Links**.

Would you like more information on certain topics? Please contact either Dr. Mark Bladergroen or Jean Kerns with your requests.

MEDICAL STAFF MEMBERS RECOGNIZED

The following physicians have been recognized by either patients, hospital staff or the Physicians Excellence Committee for their exemplary care, compassion and communication:

<i>Dr. Baird</i>	<i>Dr. O'Bannon</i>
<i>Dr. Finnegan</i>	<i>Dr. Parker</i>
<i>Dr. Geldreich</i>	<i>Dr. J. Smith</i>
<i>Dr. Gill</i>	<i>Dr. Szucs</i>
<i>Dr. Hirata</i>	<i>Dr. Weiss</i>
<i>Dr. Neralla</i>	<i>Dr. Zinsser</i>

ST. MARY'S WELCOMES NEW CEO

Toni R. Ardabell has been appointed Chief Executive Officer for St. Mary's Hospital. Her appointment comes after a



national search for this high-profile leadership position.

Ardabell earned her Bachelor of Science in Nursing from Pennsylvania State University, her Master of Science in Nursing and Cardiovascular Nursing, Catholic University of America, Washington, D.C., and a Master in Business Administration from Marymount University, Arlington, Virginia.

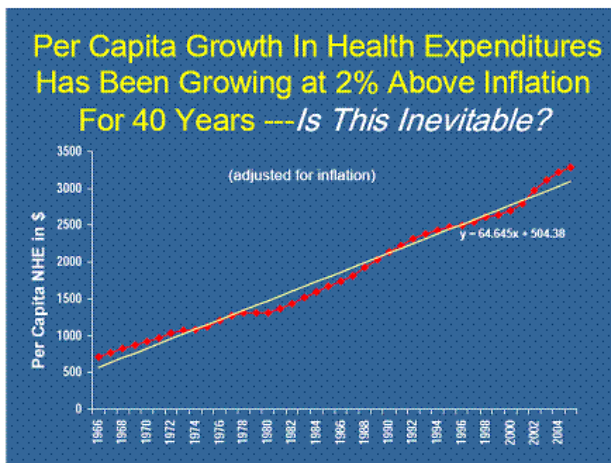
She comes to St. Mary's from Inova Fairfax Hospital in northern Virginia where she served in key executive roles for the nationally recognized health system since 1989. Her career spans more than 23 years and includes progressive responsibility and key leadership positions in hospital operations and nursing management. She sits on a variety of national boards and participates in several national organizations.

CLINICAL TRANSFORMATION PROGRAM

-Mark Bladergroen, MD MSHA, Vice President Medical Affairs

The numbers speak for themselves. Escalating healthcare costs are not just some future abstraction threatening our ability to deliver the quality of care we want for our patients.

The reform options are limited and the only immediate solution is to reduce the unit costs of the care we deliver. Physicians must lead and engage teams to improve the quality and reduce the costs. To that end, Bon Secours Health System is advocating Clinical Transformation programs throughout all facilities.



we find ourselves faced with and should be cognizant of on a daily basis. Just as we calibrate risk/benefit ratio of treatment, we must consider the value of the care we deliver.

Currently, St. Mary's Hospital Inter-disciplinary Clinical Transformation teams are focused along particular diagnosis (for example sepsis, CHF and diabetes), others are service-line oriented (for example cardiac surgery and bariatric surgery). These multi-disciplinary teams are working to identify opportunities consistent with the definition of clinical transformation.

What is Clinical Transformation?

We define it as a comprehensive inter-disciplinary approach to achieve care delivery excellence. Throughout the patient care continuum, it measurably improves quality, patient-centered care experiences, and reduces healthcare costs by reducing waste and optimizing the value proposition. The value proposition is the quality/cost conundrum

St. Mary's Hospital has identified potential savings totaling millions of dollars. As we go forward we need physician leadership to identify, direct and support clinical transformation efforts. I know many of you participate in multi-disciplinary teams and I encourage you to work with others to help drive the value proposition up and secure the future of quality care.

OPPORTUNITIES FOR IMPROVEMENT—

During our last review, JCAHO identified VERBAL ORDERS as an area for improvement at St. Mary's.

How are verbal and telephone orders to be managed?

All verbal and telephone orders must contain:

- Date
- Time
- Name of physician who gave the order
- Name of individual who received and will implement the order

All verbal and telephone orders must be signed by the prescribing physician (authenticated) within 72 hours according to State Law.

L & D Observation Patients:

Remember to document signs, symptoms and diagnosis justifying the observation status. **Do not use "rule out".**

Discharge Summaries:

Discharge Summaries are now required on all inpatient deaths regardless of length of stay.

Congratulations!



CLINICAL ETHICS CONSULTATIONS

Ethical decision-making should, and most often does, take place within the context of the patient-provider relationship. There are instances, however, when clinicians may want to seek assistance with ethical decision-making from someone outside the patient-provider relationship. BSR provides such assistance through its **Clinical Ethics Consultation Service**.

What are the most common reasons for requesting a clinical ethics consult?

- Withholding or withdrawing life sustaining treatment
- Requesting non-beneficial treatments, particularly regarding end-of-life care
- Making quality of life judgments
- Discerning and respecting patient wishes
- Promoting informed consent
- Deviating from current standards of clinical practice
- Addressing unique or complex culturally-based concerns or requests

How do you request a clinical ethics consult?

The service is available 24/7. Physicians should write an order for a clinical ethics consultation. The clinical unit will contact the ethicist on-call.

Clinical Ethics Case Conferences

Bon Secours St. Mary's Hospital
Noon-1:00 p.m.

SEP 10, 2009 | Room 161
NOV 11, 2009 | Room 161

What is the role of the clinical ethics consultant?

All clinical ethics consultations are conducted by professionals with advance academic and practical training in clinical ethics. The clinical ethics consultant helps reach a consensus on a patient's plan of care that is consistent with the patient's values, organizational ethics, and good medicine.

PREVENTIVE Clinical Ethics Consultation

Research into effective clinical ethics consultation suggests that the earlier a clinical ethics consult is requested in a patient's stay, the more helpful the process can be for those involved.

FROM THE CEO-Toni Ardabell

Adopt-a-Physician Program:

St. Mary's is underway with its Adopt a Physician Program. Hospital leadership has adopted approximately 240 physicians to help improve communication, enhance problem solving, and improve physician satisfaction. Each leader will take accountability for the issues raised in the one-to-one meetings and ensure there is resolution.

PICU Move: The PICU plans to move to 4-North on July 15th. The move will allow the continued growth of the pediatric service line at St. Mary's along with helping improve patient, staff and physician satisfaction. Having the PICU on 4-North will allow the Pediatric Unit to shift more toward private rooms, which was an overwhelming request for pediatricians and pediatric subspecialists in our community.

Women's Imaging Center will be adding additional slots to the daily schedule and will begin offering evening hours one night per week and weekend hours this month.

Physician Satisfaction Surgery: Letters went out this week notifying physicians of the upcoming physician satisfaction survey. The survey will be held from mid-June and continue for six weeks.

NOMINATIONS-MEDICAL STAFF OFFICERS: 2010-2011

This slate of officers will be voted on at the September 14th Annual Medical Staff Meeting:

President: Dr. George Parker
President Elect: Dr. Jody Smith
Secretary: Dr. Joy Rowe