



Engaging Excellence Clinical Enterprise Team

Sponsor Response to Final Recommendations

Sponsor: Phillip Schaengold JD, MBA
Senior Vice President for Hospital Affairs
Chief Executive Officer of University Hospital

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Engaging Excellence Clinical Enterprise Team

- **Chair**

John McCabe, MD
*Department of Emergency
Medicine*

- **Vice Chair**

Katie Mooney, RN
Nursing Administration

- **Executive Council Sponsor**

Phil Schaengold
Hospital Administration

- **Members**

- **Colleen O'Leary, MD**
Department of Anesthesiology
- **Dave Duggan, MD**
Department of Medicine
- **Greg Fink, MD**
Department of Surgery
- **Leola Rodgers**
Hospital Administration
- **Nancy Page, RN**
Pediatric Administration
- **Neal Seidberg, MD**
Department of Pediatrics
- **Scott Schurman, MD**
Department of Pediatrics
- **Sharon Brangman, MD**
Department of Medicine
- **Shelley White**
Healthcare Teleservices
- **Steve Albanese, MD**
Department of Orthopedic Surgery
- **Rev Louise Shepard**
Volunteer Initiatives
- **Tom D'Angelo**
Marketing and University Comm
- **Maureen Cummings**
IMT Hospital Information Systems
- **Janice Ross**
Hospital Administration
- **Brian Kubiak, MD**
General Surgery Resident
- **Ad Hoc**
- **Eric Smith**
Accounting and Budgeting
- **Robert Marzella**
Hospital Administration



Response Contributors

- Steven Scheinman, MD
- Paul Seale, FACHE
- Katie Mooney, RN, MS, CNAA
- Lorraine Manzella
- Steven Albanese, MD
- Jodie Purdy, RN
- Patricia Brecht
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- Robert Marzella
- Joseph Ziemba
- Melanie Rich
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- Mark Buttiglieri
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- Paul Cunningham, MD
- John McCabe, MD
- Karen Haney
- Rory Carrigan
- Colleen O'Leary, MD
- MaryGrace VanNortwick
- Christine Thomason
- Steven Defazio
- Gregory Threatte, MD
- Steven Brady
- Eric Smith
- Gary Kittell
- Mark Zeman
- Richard O'Shea
- Roy Guharoy, MD
- Maureen Cummings

Clinical Enterprise Recommendations

1	Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.
2	Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).
3	Establish an environment where quality and safety are the primary drivers of healthcare delivery.
4	Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.
5	Develop a system that ensures a uniform process for development, implementation, and ongoing review/continuation of clinical services and programs.

Clinical Enterprise Recommendations

6	Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.
7	Establish long term, realistic, sustainable and renewable facilities plan that supports clinical system growth and recognizes research and education needs.
8	Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.
9	Define and enforce the role of the attending physician as the primary provider of care in the teaching setting, with the resident physician as a member of the health care team.
10	Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

Recommendation Observations

- Within the ten recommendations, there are 102 embedded strategies;
- Strategies range from very specific to highly conceptual in nature;
- Many strategies are closely related to one another and can be grouped together when implemented or addressed.
- Many strategies do not require FTE or capital expenditure, but rather reflect changes that are process oriented or procedural in nature.
- Many strategies in order to be effectively implemented will however require changes in our culture relative to holding each other accountable and an overall commitment to a common vision of improvement.

Clinical Enterprise Quick Wins

“Quick Wins” that are accomplished

- Tracking and publication of patient compliments. 1 (f)
- Promotion of and accountability to customer service standards as part of annual performance reviews for all personnel (including Physician Medical Staff) with responsibility in clinical system has occurred. 1 (g)
- Service recovery program that addresses clinical and administrative gaps in “Patient First” service delivery and quality medical care has been initiated. 1 (m,4k)
- A process to identify and assist patients in need of financial assistance is in place. 2 (n)
- Use of established Patient Family Centered Care (PFCC) standards for all new construction and renovation of Clinical facility space is occurring. 2(h)
- A system for staff input in workplace design, renovation, and renewal is in place for areas undergoing construction changes. (6i)

Early Wins on the Horizon

- Integrate Patient First philosophy throughout the employment experience for all. (pre-employment, interview, hiring, annual evaluation) 1 (a); 4 (a)
- Implementation of the *Mystery Shopper* concept in ambulatory care, for both Medical Service Group and Provider based ambulatory operations identifying customer service performance. 1 (G)
- Implement Institution-wide service standards for automated phone management, including access to medical services and, management of referrals and consultations. 2 (d)
- Ensure ease of access to clinical system services for referring community providers. 2 (j)
- Promulgate definitions for creation of new programs, initiatives, institutes, and develop criteria to be used for review and approval. 5 (d)
- Decrease turnaround time and simplify process for physical plant work orders. 6 (f)

Clinical Enterprise Sponsor Priorities

Sponsor Priority #1

Integrate a Patient First philosophy throughout the organization, including the non-clinical patient amenities and the employment process;

Key Components:

- Establishment of expectations and standards
- Begins at point of initial employee selection
- Must involve Medical staff
- Must be University Wide
- Ongoing HR training for all personnel, State and Research
- Recognition and rewarding positive outcomes and behavior

Oversight: Patient First Committee (formerly the Patient Satisfaction Committee)

Recommendation/Strategy Reference: 1(a-I)

Sponsor Priority #2

Implement a Service Recovery program to address clinical and administrative gaps;

Key Components

- University-wide program to include the Medical Service Groups;
- Staff training
- Tracking and Trending of events with feedback loop to providers and continuous improvement initiatives monitored

Oversight: Patient First Committee

Recommendation/Strategy Reference: 1(m), 4(k)

Sponsor Priority #3

Create a Patient and Family Centered Care environment;

Key Components

- Establishment of expectations and standards in design and renovation to recognize the needs of patients and families;
- Modify existing policies to include broader family involvement from visiting hours to care decisions;
- Ongoing staff training and development
- Ongoing monitoring of patient, family and staff satisfaction

Oversight: Patient and Family Centered Care Committee

Recommendation/Strategy Reference: 2(a-o), 6(h)

Sponsor Priority #4

Implement a single-phone call process for ambulatory clinics and outpatient appointments;

Key Components

- Ease of access for referring MD's
- Ease of access for patients
- Sharing of appointment schedules between hospital and MSG clinics
- Consistency in practice, timely customer response
- Facilitate appointment scheduling upon discharge

Oversight: Healthcare Teleservices

Recommendation/Strategy Reference: 2(a,d,f,g,l,j,) 4(d)

Sponsor Priority #5

Ensure that quality outcomes and core measures meet or exceed national and peer group benchmarks;

Key Components

- Establishment of expectations and standards in practice
- Establish reliable, accurate, consistent and timely data recording and reporting
- Implement, document and monitor process improvement activities
- Establish an accountable and visible process

Oversight: Quality and Patient Safety Council and UHGC

Recommendation/Strategy Reference: 3 (a-i)

Sponsor Priority #6

Establish a performance oriented culture that supports the concept of continuous improvement and customer satisfaction at all levels of the organization

Key Components

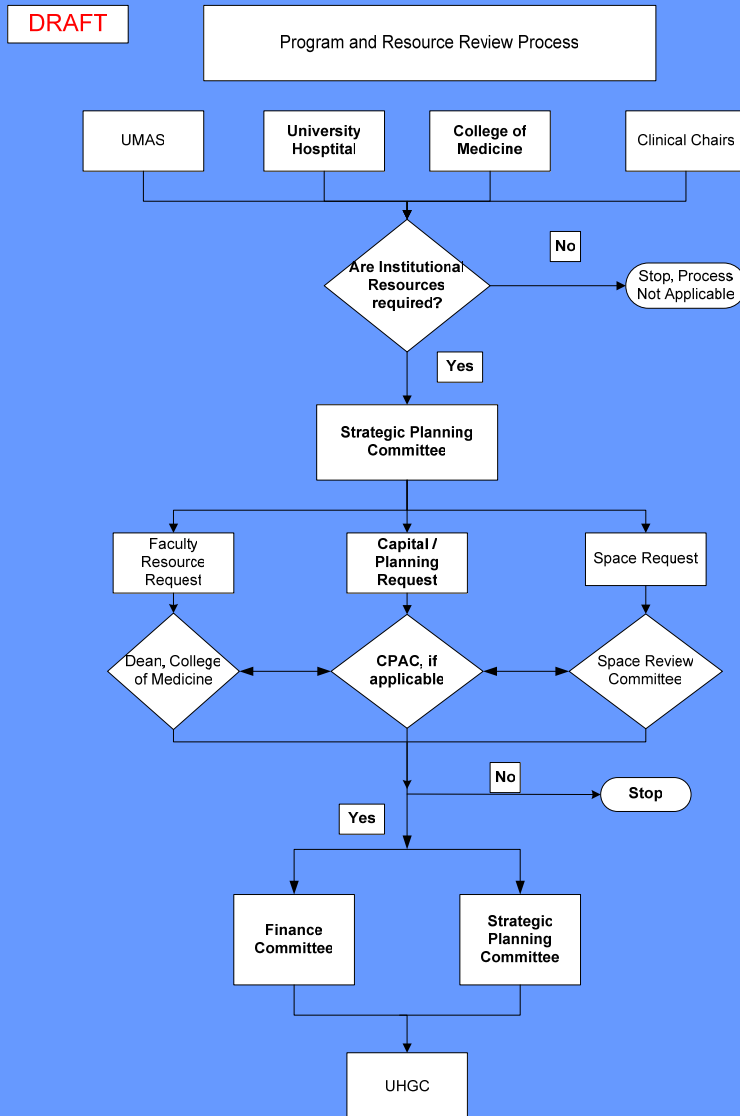
- Culture needs to support innovation and creativity
- Positive results need to be rewarded
- Customer satisfaction information needs to be visible
- Attainment goals need to be established and strategies developed with a system for metrics and recognition

Oversight: Clinical Enterprise Implementation Steering Committee

Recommendation/Strategy Reference: 4(a,c,e,f,g,j,)

Sponsor Priority #7

Coordinate strategic planning efforts to ensure collaboration and coordination of resources throughout the clinical enterprise;



Oversight: Strategic Planning Committee and UHGC

Recommendation/Strategy Reference: 5 (a-h)

Sponsor Priority #8

Establish a long-term capital and campus-wide master facilities plan that supports the clinical, education and research missions

Key Components

- Process involves all components of the university incorporating existing initiatives EE, Strategic plan etc;
- Advocacy within SUNY and Albany

Oversight: Executive Committee

Recommendation/Strategy Reference: 7 (a-j)

Sponsor Priority #9

Develop a governance structure that enhances uniformity across all Medical Service Groups;

Key Components

- Consistency in practice and operating standards
- Reduced operating redundancies
- Enhanced ability to respond to opportunities
- MD Leader

Oversight: Executive Committee/UMAS

Recommendation/Strategy Reference: 8 (a-j); 9 (a-e)

Sponsor Priority #10

Implement a clinical information system that enhances the flow of clinical information throughout the clinical enterprise.

Key Components

- University-wide involvement
- Establishment of a strategic IT plan
- Multi-year, ongoing commitment

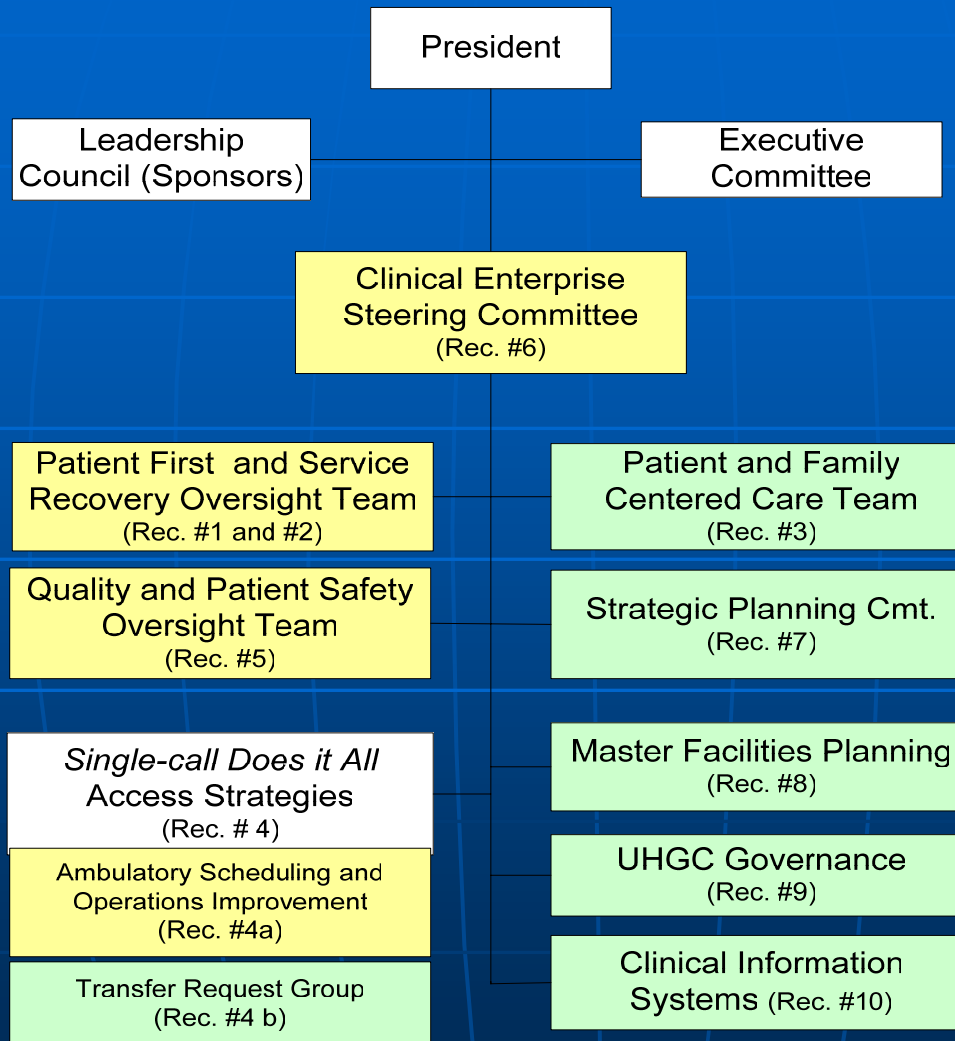
Oversight: Strategic Planning Committee, Executive Committee,
UMAS

Recommendation/Strategy Reference: 10 (a-k)

Next Phase :

- Structure and Accountability
- Team Establishment
- Charters, Timeframes and Milestones

CE Recommendation Oversight



Key:

Yellow= New Committee/Team
Green= Existing Committee/Team

Clinical Enterprise Steering Committee (New)

Membership:

- Paul Seale, FACHE Chief Operating Officer
- Katie Mooney, RN, MS, CNAA, Chief Nursing Officer
- Robert Marzella, Hospital Administration
- Lorraine Manzella, UMAS

UHGC Governance Chairs

- Dr. Colleen O'Leary, Strategic Planning Committee
- Dr. John McCabe, Inpatient Services Committee
- Dr. Peter Cronkright, Ambulatory Services Committee
- Dr. Stephen Albanese, Operative Services Planning Committee/UMAS Chair
- Dr. Gregory Threatte, Finance Committee
- Dr. Leonard Weiner, Quality Council & Patient Safety Committee

Team Sponsor:

- Phillip Schaengold, JD, MBA Sr. VP for Hospital Affairs/CEO University Hospital

Meeting Frequency:

- Bi-monthly

Patient First Team and Service Recovery Oversight (New)

Membership:

- Joyce Mackessy, Co-Chair, Support Services, Hospital Administration
- Lisa Hoyle Co-Chair, Deputy Director, Nursing Administration
- Dr. Andrea Manyon, Co-Chair, Chair Family Medicine
- Richard Kilburg, Ambulatory Services, Hospital Administration
- Jim Legault, Clinical Practice Analysis
- Shelley White, Patient Access Teleservices
- Dr. Sara Grethlein, Graduate Medical Education
- Lori Holmes, Physical Medicine & Rehabilitation
- Dr. Scott Schurman, Pediatrics
- Dr. Peter Cronkright, Medicine
- Michelle Murray, Family Medicine
- Lisa Darin, Orthopedics
- Janice Harvey, Emergency medicine
- Linda Fontana, Surgical Specialties
- Dawn Johnson, Patient Transport
- Dr. Jad Wakim, 3rd Year Resident, Medicine
- Robert Marzella, Hospital Administration (ad-hoc)
- Melanie Rich, Marketing (ad-hoc)
- Barbara Riggall, Training and Development, (ad-hoc)
- Lisa Tesorio, Employee Relations (ad-hoc)

Patient and Family Centered Care Task Force (Existing, expanded membership)

Membership:

- Leola Rodgers, Hospital Administration, Co-Chair:
- Inpatient Medical Staff Representative, Co-Chair
- Jim Legault, Clinical Practice Analysis
- BJ Adigun, Pediatric Administration
- Lisa Cardella, Ambulatory Services
- Mary Pat Drexler, Perinatal Center
- Lori Holmes, Physical Medicine and Rehabilitation
- Kathy Hosek, Continuum of Care
- Sharon Klaiber, Nursing Administration
- Lorrie Langdon, Cardiovascular Services
- Melanie Rich, Marketing
- Catherine Stephens, Perioperative Services
- Debra Walczyk, Perioperative Services
- Susan Wegman, Family Advisor
- Deb Prudhon, Radiology
- Barb Riggall, Office of Training and Development
- Resident Representative
- Carol Becker, UMAS
- Elizabeth Chapman, UMAS
- Deb Chiodo, Firm C

“Single Call Does it all” ... Access Strategies (New)

A) Ambulatory Scheduling, Mystery Shopper, One Call etc.

- Richard Kilburg, Ambulatory Administration, Chair
- Shelley White, Patient Access Services
- Sondra Mott, Associate Director of Nursing, Amb. Administration
- Bridget Flanagan, UMAS
- Lisa Kohr, UMAS
- Nancy Daoust, Medicine
- Jackie Furbeck, Central Scheduling
- Dr. Larry Novak, Family Medicine
- Keitha Costello, Dept. of Medicine
- Veronica Amsterdam, Finance (ad hoc)

B) Transfer Request Group (revised membership)

- Shelley White, Patient Access Services, Chair
- Dr. John McCabe, Chairman, Department of Emergency Medicine
- Dr. Andrea Manyon, Chair, Department of Family Medicine
- Saundra Mnich, Continuum of Care
- Lisa Hoyle, Deputy Director, Nursing Administration
- Maryann Fields, Trauma Services
- Melissa Cosser, Transfer Center

Thank you.