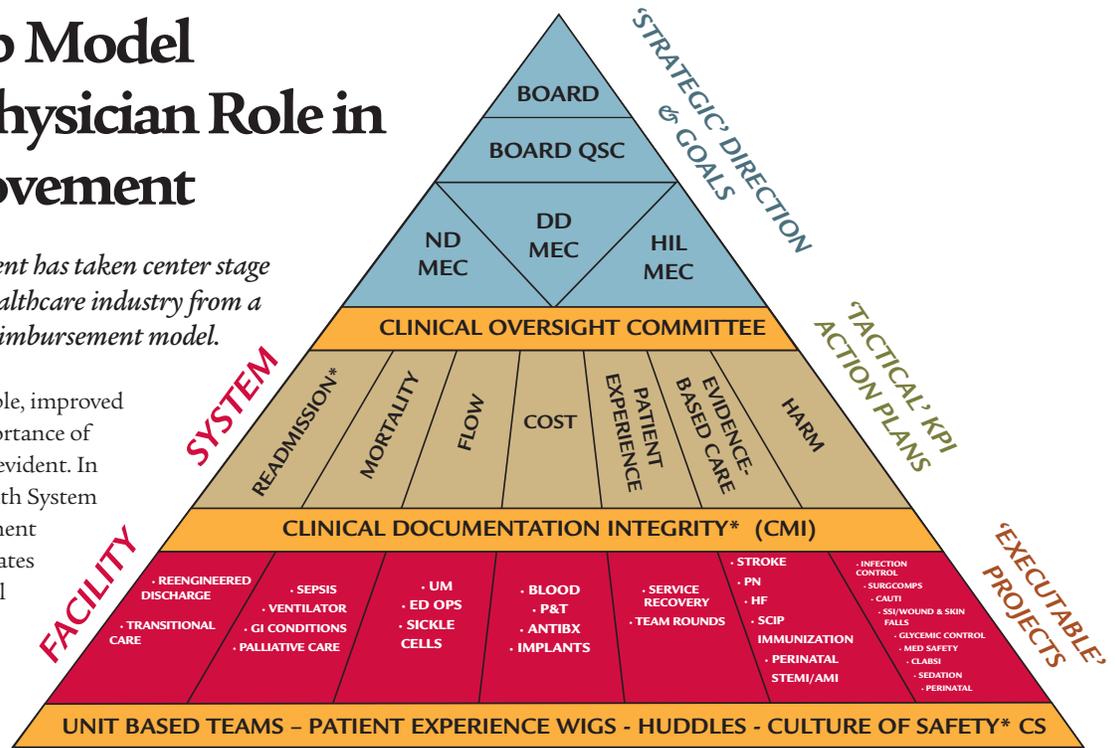


Co-Leadership Model Emphasizes Physician Role in Quality Improvement

Clinical performance improvement has taken center stage with the transformation of the healthcare industry from a fee-for-service to a value-based reimbursement model.

As regulatory demands for measurable, improved patient care have increased, the importance of the physician's role in the process is evident. In January 2014, DeKalb Regional Health System introduced a performance improvement clinical leadership model that integrates physicians, nurses and other hospital stakeholders in an initiative to enhance the identification of clinical quality improvement opportunities. "The dyad co-leadership model is an effective approach to removing barriers to both the identification of critical initiatives and the implementation of performance improvement strategies," said Ellen Hargett, R.N., CPHQ, director of quality and process improvement.

Physicians serve on key tactical teams providing leadership on improving key performance indicators (KPI). Examples of KPIs include complications, satisfaction, mortality and cost. These tactical teams operate as a conduit for information between physicians and staff serving on executable project teams; and strategic leadership including medical executive committees for each hospital, the Clinical Oversight Committee of the DeKalb Physician Hospital Organization (DPHO) and the health system's board of directors. The executable project teams address the detailed issues such as sepsis, end-of-life issues, glycemic management and antibiotic stewardship, which drive performance on the KPIs. The tactical teams include at least two DeKalb Physician Hospital Organization (DPHO) physicians and one hospitalist along with other appropriate hospital staff. "The teams are small, less than 10 people, and they meet monthly to review data, use tools to evaluate improvement opportunities and assign projects to existing teams or to develop new action teams if needed," said Hargett.



"They also evaluate project teams' needs for removing barriers and communicate improvements to the medical executive committees." "The physician's voice is the key to creating effective, sustainable change in the health system's clinical quality," Hargett said. "Their insight into the data and clinical practice enhances our ability to identify areas that offer opportunity for improvement and their involvement in the process ensure the initiatives take all stakeholders' - physicians, hospital staff and patients - needs into account. This approach results in strategies that can be implemented and supported by everyone for the benefit of quality patient care."



Farewell: Reg Gilbreath, M.D.

Reg Gilbreath, M.D., Vice President and Chief Medical Officer of DeKalb Medical, led the initiative that resulted in the creation of the dyad co-leadership model for performance improvement at DeKalb Medical. Gilbreath left DeKalb Medical at the end of June 2014 to spend more time with his family. "During his tenure, we've seen our quality metrics improve significantly," said John Shelton, chief executive officer. "However, his legacy is the high level of medical staff engagement in the performance improvement process. We will be picking the fruit of this effort for the months and years to come."



Dnt Txt PHI

Although mobile devices with text messaging capabilities give physicians a convenient, quick way to communicate with other providers, HITECH security requirements are very specific about how to safeguard a patient's protected health information (PHI). For this reason, discussing a patient's condition or the next steps in a treatment plan via text message is prohibited at DeKalb Medical. This restriction applies to all hospital personnel and physicians because the lack of encryption on physicians' or nurses' phones does not provide a secure environment for PHI. Patient condition updates and discussion of recommended interventions or treatments should be handled with telephone calls rather than text messages.

For more information about the texting policy, please visit the Intranet – <http://intranet3/default2.aspx> and select Policies and Procedures -> Technology and Information Security -> Cellular Telephones for Employee Use PRB-5547.3, or call Mary Muhammad at 404.501.5214.

New Transfusion Criteria

In early June 2014 DeKalb Medical's criteria for transfusion of packed red blood cells (PRBC) changed to reflect recent studies that demonstrate:

- Cardiac events (myocardial infarctions, cardiac arrhythmias, cardiac arrest, pulmonary edema and angina) were not increased significantly by use of restrictive triggers. Overall, rates of these events were 24 percent lower in restrictive transfusion groups.
- On average, mortality was 20 percent lower when restrictive triggers were followed compared with liberal triggers.
- Reduction in PRBC transfusion was not associated with prolonged hospital stays.
- Using restrictive triggers may significantly decrease the risk for health-care acquired infections.

The new, more restrictive criteria are:

- Hct \leq 21% and/or Hgb \leq 7 gm/dL in a stable, non-bleeding patient.
- Severe pulmonary, symptomatic cardiovascular disease: Hct \leq 24% and/or Hgb \leq 8.0 gm/dL.
- Hematology/Oncology: Hct \leq 24% and/or Hgb \leq 8.0 gm/dL.
- Sickle Cell Disease with CVA, ACS or pre-op prep.
- Pre-op w/ major surgical procedure and Hct \leq 27% and/or Hgb \leq 9.0 gm/dL.
- Post-op w/ anemia symptoms or Hct \leq 24% and/or Hgb \leq 8.0 gm/dL.
- Actively bleeding w/ symptoms of anemia or tissue hypoxia.
- Upper GI Bleed w/o significant blood loss or cardiovascular/cerebrovascular risk factors: Hct \leq 21% and/or hemoglobin \leq 7.0 gm/dL.
- Massive blood loss $>$ 30% of total blood volume.

For more information, contact Vicki Clark, MS, MT (ASCP) SBB, blood bank manager at 404.501.5248.

Groundbreaking GERD Procedure Performed at DeKalb Medical

A DeKalb county father of three has a new lease on life thanks to a groundbreaking surgical procedure to treat Gastro-Esophageal Reflux Disease (GERD). Forty-one-year-old Demetrice Moore of Lithonia was the first patient to receive the LINX® procedure at a metro-area hospital. Scott Steinberg, M.D., of DeKalb Medical's Heartburn Solutions Center, performed Moore's LINX surgery on March 14. Moore is fully back to his previous active lifestyle and doing well. DeKalb Medical's Heartburn Solutions Center was selected as one of the first Centers nationally to offer the LINX Reflux Management Device, which is the latest in GERD treatments.

"We are proud to be the first in metro Atlanta to offer patients in north Georgia an inpatient, full-service hospital experience for their LINX surgery," said Heartburn Solutions Center Clinical Navigator Pam Briggs, R.N. The LINX Reflux Management System was approved by the FDA in 2012. The LINX System from Torax Medical is a small, flexible band of interlinked titanium beads with magnetic cores. The magnetic attraction between the beads is intended to help the lower esophageal sphincter resist opening to gastric pressures, preventing reflux from the stomach into the esophagus.

Recently, the American Society of General Surgeons issued a statement of support for the LINX procedure, saying, "Durable control of symptoms as measured by the GERD-HRQL [Health Related Quality of Life] has been demonstrated beyond four years, and 85 percent cessation of PPI [proton-pump inhibitors] use at six years has been shown. Greater than 90 percent of patients are satisfied with their symptom improvement, and side effects typically associated with laparoscopic Nissen fundoplication like gas bloat, inability to burp/vomit and persistent dysphagia have been largely eliminated."

HOW DOES LINX WORK?

Figure 1: The LINX System is designed to help the lower esophageal sphincter resist opening to gastric pressures.

Figure 2: The LINX System is designed to expand to allow for normal swallowing.

Figure 3: Magnetic attraction of the device is designed to close the lower esophageal sphincter immediately after swallowing.

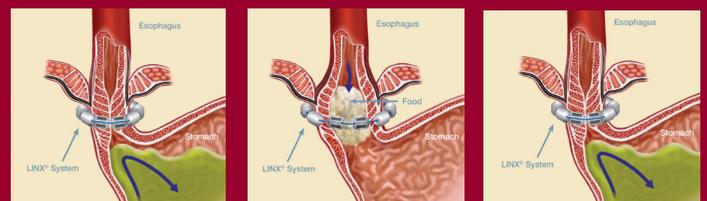


Figure 1

Figure 2

Figure 3

For more information about the LINX procedure or to refer a patient to the Heartburn Solutions Center, call 404.501.7359 or visit www.dekalbmedical.org/our-services/gerd/.

PHYSICIANS' LOUNGE

Electronic Medication Reconciliation and Problem List Now Required

A new initiative to improve patient safety at DeKalb Medical requires all physicians with admitting and discharge privileges as well as mid-level providers to electronically reconcile each patient's medications upon admission and discharge, and to create an electronic patient problem list.

Hospitalists, OB/GYNs and psychiatrists have been successfully using the orders reconciliation module (ORM) in the DeKalb Medical electronic health record (EHR) system. Medication reconciliation reduces the risk of medication errors and omissions at admission and provides an accurate discharge medication list for patients.

During the orders reconciliation process, inpatient orders can be created from the patient's home medication list, inpatient medications can be converted to discharge medications, and electronic prescriptions can be created from one screen in Acute Care. Providers must also create an electronic patient problem list that improves communication of the patient's acute and chronic problems to the healthcare team.

Contact Chief Medical Information Officers Mark Pollock, M.D. or Stuart Pancer, M.D., or Manager of Clinical Informatics Beth Singleton at 404.501.2830 with questions, concerns or requests for training.

Alternate Protocol Addresses Temporary Shortages of CCK

Because there are sporadic shortages of Cholecystokinin (CCK), the Nuclear Medicine department has developed an alternate protocol for Gall Bladder Ejection Fraction for use during these shortages. Ensure® Nutrition Shakes can be substituted for the intravenous Cholecystokinin infusion with no effect on the quality of the study. According to radiologist Chris Krebs, M.D., there is no change in the patient preparation. Patients need to remain NPO four to six hours prior to appointment time. There is, however, a need to extend appointment times from 90 minutes to two hours. After one hour of initial imaging, patients drink eight ounces of Ensure, and then proceed with another hour of imaging. Ensure produces no side effects and the shake is suitable for lactose intolerant diets.

To schedule a HIDA Scan with Gall Bladder Ejection Fraction, please call radiology scheduling at 404.501.2660 or fax a referral to 404.501.1743.

Thank You: Radiology Associates of DeKalb, PC



"Being the best requires investment and that's why we continue to invest in DeKalb Medical," said Pramod Kaila, M.D., Chief Executive Officer Radiology Associates of DeKalb, PC.

This distinguished practice helped the DeKalb Medical Foundation reach its \$2 million goal in record time with its second \$100,000 donation.

For the past 50 years, the 13-physician group, which serves all three campuses, has provided MRI, ultrasound, interventional and other imaging services to DeKalb Medical patients. Their current \$100,000 donation to DeKalb Medical's Advancing Hope and Healing capital campaign is their way of "aligning with the hospital to help it succeed," said group physician Gary Hixson, M.D.

This gift symbolizes their shared vision of offering patients a Cancer Center that is top notch in Atlanta.

Next Foundation Executive Roundtable: *Breast Ultrasound Technology*

The DeKalb Medical Foundation is proud to announce the next Executive Roundtable. Radiologists from Radiology Associates of DeKalb, PC will discuss the latest technological innovations for breast ultrasound. The event will be Wednesday, August 13 at 7:30 a.m. in the auditorium in the Dr. Bobbie Bailey Tower. The free event is sponsored by the Foundation.

Please RSVP to Foundation manager Elisabeth Nark (elisabeth.nark@dekalbmedical.org).

DeKalb Medical Recognized For Excellence

DeKalb Medical has recently received three awards recognizing the efforts of physicians and hospital staff for performance improvement and clinical care excellence:

- Community Value Five-Star® Provider by Cleverley + Associates, a leading healthcare financial consulting firm that specializes in operational benchmarking and performance enhancement strategies.
- The Commission on Cancer (CoC) of the American College of Surgeons (ACS) has granted its 2013 Outstanding Achievement Award to DeKalb Medical.
- The Georgia Hospital Association's Partnership for Health and Accountability (PHA) has named DeKalb Medical at North Decatur and DeKalb Medical at Hillandale to the PHA Core Measures Honor Roll.



DeKalb Medical

Pushing Beyond®

2701 North Decatur Road
Decatur, GA 30033



Physicians Donate Time to Community Events

Thank you to Carmen Echols, M.D. (at left), for volunteering at the DeKalb Council of PTA's 5K on May 3 and to the Centerville Primary Care staff who volunteered their time at Snellville Days on May 3.

Meet Your Community and Market Your Practice at These Events

DeKalb Medical is excited to be a part of many upcoming festivals and events that give physicians and their staffs an opportunity to introduce their services to the community. Volunteers assist with the wellness prize wheel and distribute hospital information. Physicians, nurse practitioners and physician assistants are invited to meet the public. American Medical Response (AMR) will offer blood pressure screenings.

We need several volunteers and physicians to cover each shift and maximize our visibility. Volunteers receive a comfortable DeKalb Medical t-shirt.

To volunteer at an event, please contact Beth Jansa, community outreach manager, at beth.jansa@dekalbmedical.org or 404.501.7481.

UPCOMING FESTIVALS & COMMUNITY EVENTS:

SATURDAY, JULY 26, 10- 4 p.m.

New Life Community Center Health & Wellness Expo
3592 Flat Shoals Road, Decatur

SATURDAY, JULY 26, 10-2 p.m.

Community Day @ Mount Moriah
Mount Moriah Baptist Church
1938 Brockett Road, Tucker

SATURDAY, JULY 26, 10-2 P.M.

TerraBrook Foundation Back to School Event
Sam's Club
4519 Hugh Howell Road, Tucker

SATURDAY, AUG. 9, 9:30-3:30 p.m.

Health & Wellness Fair
Shy Temple CME Church
2012 Memorial Drive, Atlanta

SATURDAY, AUG. 30 (9:45 a.m.-2 p.m. and 2 p.m.-6 p.m.)
SUNDAY, AUG. 31 (11:45 a.m.-2:45 p.m. and 2:45 p.m.-6 p.m.)

Decatur Book Festival | Decatur Square
85,000 people are expected to attend the Decatur Book Festival – the largest independent book festival in the country.

SATURDAYS, SEPT. 6 & 13, 6- 9 p.m.

Decatur Concerts on the Square
Hear great music and represent the hospital!