

## Medical Staff Survey – What You Had to Say

In May 2010, the medical staff was offered the opportunity to take a survey designed to ascertain their level of satisfaction with Huntington Hospital. In all 388 physicians took the survey, the majority of them from the “active” staff category. Most respondents were between 45 and 55 years old. They were 69 percent males, and 31 percent females. Broad themes from the survey results included high “overall satisfaction” ratings and high ratings for hospital based staff. Areas for improvement centered around the admission process, OR availability and Nighthawk radiology coverage.

Below is a sampling of what physician respondents considered good about Huntington Hospital:

- Excellent care
- Great facilities
- High quality academic environment
- Positive friendly culture
- Terrific ED staff
- Excellent nurses

Below is a sampling of what physician respondents considered negative about Huntington Hospital:

- Turnover time not the best
- Primary care doctors need more attention
- Difficult to schedule surgeries (C-sections)
- Availability of resources (equipment, meds, supplies)
- Block time difficult to get for new surgeons
- Admit and discharge process needs to be fixed
- General dissatisfaction among pediatricians
- Executive leadership listens, but decisions have already been made
- Takes too long to get anything done
- Radiology night coverage by outside service poor
- Night shift nurses are not proactive

## Medical Staff Survey

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Below is a sampling of what physician respondents said regarding communication issues and preferences:

- Contact us by email
- Primary care physicians feel “out of the loop”
- Medical staff meetings are held at inconvenient times for non-hospital based staff
- More page operators needed especially on weekends
- Medical staff should be more involved in decision making
- Quarterly report from CEO suggested
- Information is not getting to non-hospital-based physicians
- Administration needs to be more visible at functions
- Go green – less paper

Below is a sampling of what physician respondents said regarding why they would choose another hospital over Huntington Hospital:

- Location of office practice
- Insurance issues
- Availability of OR time
- Bed availability in specialty areas
- Convenience to home

Below is a sampling of what physician respondents said regarding medical staff leadership:

- This is a thankless job
- MEC is not empowered to make change
- Need more younger/new physicians
- Need more attention to needs of pediatric department
- Old guard rules in place
- They work for the hospital, not the doctors
- Need more physician involvement in committees
- Need more women in leadership

Below is a sampling of what physician respondents said regarding physician services (medical staff office):

- Reduction in workforce has compromised services especially relating to CMEs
- Medical staff office could not be better
- No specific concerns
- IT support difficult to obtain after hours

Based on survey responses, the Medical Executive Committee will implement the following goals:

- Continue relationship building with executive management team
- Improve communication by regular use of email
- Increase physician involvement with capital, supplies, decision making
- Complete Six Sigma projects related to OR and admitting
- Address issues between medical specialists and hospitalists

Fifty percent of respondents admitted they were considering retiring within five years. Just over 30 percent said they were considering relocating. Fifty percent were considering merging with another practice. There was significant interest in merging or “getting out” when it came to questions about “the future” and healthcare reform.

We thank you again for your valuable participation in the medical staff satisfaction survey. Your feedback serves as a guide to future Huntington Hospital practices and policies. Look for articles addressing your concerns in this and future issues of MD Connect.



We have already received positive feedback from physicians and the team plans to conduct a targeted satisfaction survey in the first or second quarter of 2011.

Improvement Team Members included:

**Executive Sponsor:**

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**Project Sponsor:**

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Stephanie Radnoti  
Tammi Rogers  
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Julie Anne Miller  
Karen Knudsen

## Fast Track Admission Process



In October 2010, Huntington Hospital launched the Fast Track Admission Process – One call does it all! – a collaboration between the hospital’s admitting and nursing departments. The improvement initiative was chartered as a result of the physician satisfaction survey conducted last May.

Survey results told us that physicians felt the current process for direct admissions took too long, required too much extraneous information and was not friendly to the physician or the patients. The organization employed Six Sigma methodology to define, measure and improve the direct admission process. Because of different needs and pre-assessment requirements, maternity, psychiatric and acute rehabilitation admissions were not included in this improvement project.

Initial measurement demonstrated that on average it took 88 minutes after the physician called to request a bed before that bed was assigned and the physician/office staff was notified the patient could be admitted. With the new process, the physician is informed immediately if the hospital has capacity to admit the patient, and the bed is assigned, on average, within 24 minutes. See the improved process outline below:

Adult Medical/Surgical Patients considered for direct admission should meet the following criteria:

- Stable vital signs
- Seen by a physician within the last 24 hours
- Admitting physician agrees with the direct admit
- No emergent diagnostic services required

“One call does it all!”

Below are three easy steps for admitting a patient through the Fast-Track Admission Program:

**Step 1:** Contact the admitting office at (626) 397-5518 and provide the following information:

- Physician ID#
- Patient name and phone number
- Patient social security number, or valid government issued ID number
- Patient insurance information
- Admitting diagnosis
- Level of care required (CCU, DOU, ICU, telemetry, medical/surgical, etc.)

**Step 2:** Complete admitting orders and insert them into the Fast-Track Admission packet, or fax to the hospital as follows:

5:30 a.m. - 7:00 p.m., Monday through Friday: (626) 397-2980

7:00 p.m. to 5:30 a.m. Monday through Friday, and on weekends: (626) 397-2924

**Step 3:** Send the Fast-Track Admission packet with the patient to the hospital. Please be sure to review the material in the packet with the patient before they depart. The Fast-Track Admission packet contains the following items:

- Map to the hospital with parking information and directions to the admitting department (including after hours/weekend admissions procedures)
- Patient admission instructions and visitor guide
- Medication list
- Copy of the admission orders (physician to complete)

There is a slightly different process for pediatric admissions:

**Step 1:** Contact pediatric unit at 626-397-5144

- Staff will put you in contact with the pediatric hospitalist on duty.
- If a bed is available, you will be notified of bed assignment.
- If a bed is not available you will have the option of sending the patient to the emergency department or to another hospital.

**Step 2:** Fax insurance and contact information to:

Hospital Admitting Department at:  
626-397-2980 (M-F 8:30 a.m. to 7:00 p.m.)  
626-397-2924 (after hours and week-ends)

**Step 3:** Advise parents to take the patient directly to the pediatric unit.



## Not Ready for an EHR but still want to Qualify for Federal Incentives?



Yafa Minazad, DO



Syeda Ali, MD

In 2011 you can still qualify for 1 percent ePrescribing Bonus from Medicare using HuntingtonRx! Call (626) 397-5090 if you would like to learn more about HuntingtonRx.

Here's what Huntington Hospital physicians have to say about HuntingtonRx.

“HuntingtonRx has enabled us to prescribe accurately, efficiently and in a more timely manner. This was an excellent and critical service provided to the community physicians by the hospital. This is great example of collaboration between community hospital and physicians which ultimately leads to better patient care.”

-- Yafa Minazad, DO

“Huntington e-prescription has improved the patients safety, compliance and efficiency of prescription, it's also very cost effective. Thanks to Huntington Hospital for introducing us to e-prescription and helping improve the quality of care we provide to our patients.” -- Syeda Ali, MD, Chair Quality Committee

### Electronic Health Record Incentive Resources:

Complete list of ONC-ATCB Certified Electronic Health Records

- <http://onc-chpl.force.com/ehrcert>

Complete list of ONC-Authorized Testing and Certification Bodies (ATCB)

- <http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3120>

CMS EHR Incentive Program Registration User Guide for Physicians

- [http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP\\_RegistrationUserGuide.pdf](http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf)

Official website for Medicare & Medicaid EHR Incentive Programs – to register for the CMS EHR Incentive Programs

- <https://www.cms.gov/EHRIncentivePrograms/>

## Giving Thanks

This letter appeared in the Glendale News Press on Thanksgiving Day....

### Thankful for a system that saved his life

I'm a company executive from Glendale whose life was saved by the Los Angeles County stroke response system.

I suffered a stroke last February while in Pasadena to pick up my wife from work. Witnesses called 911, the paramedics arrived shortly after, and in minutes I was treated at the nearest stroke center, Huntington Memorial Hospital.

If this happened a year ago, when the stroke system was not yet in place, I would have been taken to the closest facility, which may not have been equipped to treat me as successfully as the team led by Dr. Arbi Ohanian at the Huntington Stroke Center did. A consequence of lesser expert treatment could easily have meant dealing with disability, or worse — I may not be alive today.

As the L.A. County stroke system marks its first year this November, I congratulate the county Department of Public Health, the EMS agency and the American Stroke Assn. for working together to establish a countywide stroke system of care and, more importantly, for making stories like mine possible.

David Demont  
Glendale



### Want to earn Medicare EHR Incentive Payments?

Eligible professionals (physicians) must have an enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS) in order to receive a Medicare EHR Incentive payment. Just because you bill and receive payments from Medicare does not mean that you are in the PECOS system. Please verify that you have an enrollment record in PECOS. If you find that you are not currently in PECOS, establish your enrollment record now. To learn more go to: <http://www.cms.gov/EHRIncentivePrograms/>

If you are interested in viewing the pictures from the Holiday Party, please go to the Online Gallery:

<http://www.sendtoprint.net>  
Event ID: Huntington





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