Patient Flow: Assuring Right Care, Right Setting, Right Time

Patient flow is a complex problem - and we need everyone’s participation to tackle it! While current volumes have normalized somewhat relative to the first few months of 2017, we cannot stop focusing on improving patient flow in our organization. Our united goal is to provide the right care in the right setting at the right time for the safety of all patients. A post-surgical patient who spends the night in PACU may not have the opportunity to ambulate early and often to decrease the risk of DVT and pneumonia. An intubated patient in the Emergency Room waiting for an ICU bed may not receive oral care per protocol increasing the risk for ventilator associated pneumonia. A patient on hold in the ICU because there is no med surg or telemetry bed available takes a bed from a patient who truly needs intensive care. Each one of the patients described in these scenarios could be yours! To accomplish this united goal it is necessary for patients to be discharged to the next level of care by 11:00 AM.

What we know from analysis of inpatient and observation data from the first quarter of 2017 is that the majority of discharges (meaning the patient has left) occur in our organization between 12:00 noon and 4:00 PM. However, emergency and surgical patients begin needing inpatient beds at 10:00 AM. We also know that it takes an average of 4 hours from the time the discharge order is written to the time the patient actually leaves. There are multiple variables that affect the time between discharge order and actual discharge of the patient including:

- Completion of medication reconciliation
- Transportation arrangements
- Accepting conditions of post-acute facilities
- Prescription issues
- Multiple consulting physicians on the case
- Complexity of discharge instructions

Once the patient leaves, it takes approximately 40 minutes for the room to be cleaned and made ready for the next admission. When the majority of the discharges occur within a short time frame, there may not be the resources needed to get rooms cleaned in a quick manner.

Nursing staff will be monitoring unit specific data to improve processes related to discharging patients in a timely manner. What can you as a physician do?
• Discharge patients earlier in the day, every day, to increase the availability of empty beds for new patients coming into the facility. Entering discharge orders first thing in the AM would help to meet the goal time of actual discharge of the patient by 11:00 AM.

• Complete the medication reconciliation when entering the discharge orders. Nurses cannot complete discharge instructions and validate medications with the patient until the med rec is done.

• Communicate estimated discharge date with PCFs and nursing staff every day.

• Communicate with consulting providers to assess barriers to discharge.

As we continue to monitor data related to discharge times, we will be sharing physician specific data per physician group to review and assist in improving the process. Nursing units will receive unit specific data as well for the same purpose. Together we can create a safer environment where patients receive the right care in the right setting at the right time!

Feel free to contact Denise Cundy or Proctor Lureman with suggestions or feedback related to patient flow at denise.cundy@unitypoint.org or proctor.lureman@unitypoint.org

PATIENT EXPERIENCE

HCAHPS and Providers – Overview and Listen Carefully to You

In order to measure inpatient patient satisfaction, UnityPoint Health – Des Moines utilizes a survey tool called HCAHPS. HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems and is administered by the Centers for Medicare and Medicaid Services (CMS). HCAHPS metrics are included in value-based purchasing (VBP) which has an impact on UPH-DM’s Medicare reimbursement. The HCAHPS rating scale is a 4-point scale including “Never”, “Sometimes”, “Usually” or “Always” and the only response that counts towards the score (top-box score) is “Always”. There are 32 questions on the HCAHPS survey that fall into the following domains:

- Communication with Nurses
- Communication with Doctors
- Staff Responsiveness
- Pain Management
- Communication about Medicines
- Discharge Information
- Hospital Environment
- Care Transitions
- Overall Rating of Hospital
- Discharge Information

The following three questions roll up into the Communication with Doctors domain:

1. During this hospital stay, how often did doctors listen carefully to you?
2. During this hospital stay, how often did doctors treat you with courtesy and respect?
3. During this hospital stay, how often did doctors explain things in a way you could understand?

Over the next three issues of Provider Focus, in order to better understand the Communication with Doctors domain and how providers impact the inpatient patient experience at UPH-DM, we will be taking an in-depth look at each question in the domain and how providers can consistently achieve the “Always” response.
1. During this hospital stay, how often did doctors listen carefully to you?

**Question definition:** This question asks patients to estimate how frequently they felt providers effectively listened. Patients use the following signals to judge how well the provider listened to them: body language, expressions of concern, empathetic communication and other visible demonstrations of understanding. Patients respond **positively** to providers who encourage sharing feelings, elicit and respect concerns and acknowledge the patient’s fears. Patients respond **negatively** to providers who ignore them or seem uncomfortable with the patient’s expressing his/her emotions.

**Improvement Solutions:** The following improvement solutions are based on evidence-based research and best practices. If used consistently and effectively, these solutions will help ensure patients “always” perceive that providers are listening carefully to them.

- **Patients perceive that providers are paying attention and listening when they are at eye level.** Sit **down next to patients.** Two minutes of sitting at the bedside is perceived to be better than ten minutes of standing in the doorway.
- **Make eye contact.** Consistent, conversational eye contact is a great indicator for whether or not a provider is listening to and encouraging dialogue with patients. If a provider is constantly looking at the computer, his/her watch or other distractions, the patient does not feel engaged with the provider and is less likely to share pertinent information.
- **Ask for the patient’s perspective on the illness** such as what they think caused the condition, its impact on their daily activities, what they struggle with and what they are worried about.
- **Respond empathetically to patients’ expression of emotion.** Using the heart-head-heart communication model is a great way to do this. For example, if a patient expresses concern about a procedure, you could say “I know that this is very scary for you (heart). I can assure you that this is a routine procedure for us (head). You are in great hands (heart)!”
- **Ask if there is anything else** the patient wishes to discuss during your visit. The best way to do this is by asking “What other questions or concerns do you have for me today?”

If you are interested in reviewing your individual or group/specialty inpatient patient experience results, please contact Paige Moore, UPH-DM Director of Patient Experience, at paige.moore@unitypoint.org or 515-241-3473.
Infection Prevention News

Is that UA or Urine Culture indicated?

Many health systems report overutilization of UA/urine cultures. Consideration of the indications for testing of urine is important. Patients benefit because:

- Asymptomatic bacteriuria is COMMON and no antibiotics are indicated.
- Abnormal UA findings are COMMON and often do NOT reflect active infection.
- Antibiotic overuse leads to multidrug resistant organisms.

Case scenario: You have received information of change of color, odor or turbidity in a patient’s urine. There are no symptoms in this patient who is alert with stable vitals.

Plan: NO URINE CULTURE INDICATED

Please consider these indications for urine culture:

- Signs or symptoms suggest a urinary tract infection is present. These include dysuria, frequency, urgency, suprapubic or CVA pain/tenderness.
- In patients who cannot provide history (intubated, demented) and have clear signs of sepsis without another source.

Urine culture NOT recommended:

- Change in urine color, odor, or turbidity- these are typically due to patient hydration and not indicators of infection.
- Patient lacks symptoms of UTI.
- Automatically in workup of fever or sepsis. Patients who can provide a history should not have a urine culture obtained as part of fever evaluation unless symptoms are present.
- Pre-operatively except in urologic surgery where mucosal bleeding is anticipated.
- When a urinary catheter is placed or exchanged.
- At admission.
- After treatment of UTI to document cure.

In other words: symptom-free pee, let it be

Help us help you to avoid excessive testing and over use of antibiotics.

Nursing staff can ask the right questions.

Questions: (515)241-8622

References: The campaign-entitled Symptom-Free Pee: Let It Be- Association of Medical Microbiology and Infectious Disease (AMMI) Canada.
Epic Upgrade in July

An Upgrade to our Epic System at UnityPoint will take place on Sunday, July 23, 2017. This upgrade will affect all Epic users.

Changes include significant enhancements, improvements and new features aimed to offer incremental workflow improvements. This upgrade will better enable physicians and staff to give the best care for our patients with improved clinical efficiency, care coordination, and our ability to meet Meaningful Use requirements.

The scope includes a large number of changes in all Epic applications that includes enhancements and some changes to workflow. In the link below are changes that will affect providers. The UnityPoint Intranet Home Page also has information about the Upgrade. Epic will also have information when you log in, on your Learning Home page.

Epic Upgrade Information for UnityPoint

*****This is propriety content please do not forward or share the link with anyone that doesn’t need to know information about our Epic Upgrade.

Informaticists will be rounding on units the week of July 23rd, and just in time training will be available for users that want to take advantage of the optimization and enhancements during the first few weeks of Upgrade.

Dragon Medical One

The Dragon Medical One (DMO) activity was released in Hyperspace to all current Dragon users in May. Providers that have not yet received DMO training should continue to use the previous version of Dragon (Dragon Medical Network Edition). If you would like information on DMO training please call the informatics call phone (515) 241-5557 between 8am – 5pm, Monday-Friday.

NICE TO KNOW

Notes routing logic has been updated to include the following provider types: CRNA, Anesthesiologist, and Midwife. Notes with Note Types that are set to route to the PCP written by these providers will now automatically route to the patient’s PCP.

Two Midnight Rule Update

An internal audit was recently performed to survey the use of the admission order set as it relates to the Medicare Two Midnight Rule (2MN). The primary objective of the audit was to review medical records for appropriate physician orders and related documentation to support Inpatient Admission vs Observation Status to comply with Medicare Conditions of Participation.

The order set presently in use has fields to click for an Inpatient stay that includes “Expected stay longer than 2 MN”, “Inpatient Only”, and “One day non-Medicare.” The audit found that there were a number of admissions clicked for the One-day non-Medicare category that were actually for Medicare
patients. Because the 2MN rule applies only to admissions for Medicare patients, the corrective action directed at this item includes removal of the non-Medicare option. This will not be accomplished until after the EPIC build freeze ends. Until then, use of the “one day non-Medicare” option should be avoided. See screenshot below. Please also note that this does not apply to Observation level of hospital stays, which the 2MN rule expects to include the decided majority of stays less than 48 hours. Questions can be directed to Case Management at 515-241-6676.
Dr. Josh Rehmann has been named the Program Director of the Iowa Lutheran Hospital Family Medicine Residency Program | UnityPoint Health – Des Moines. The residency program has been serving the east side of Des Moines for decades, and has trained many family physicians.

Dr. Rehmann grew up in rural Minnesota but has resided in Iowa since starting his undergraduate education at Grinnell College. He completed medical school at Des Moines University, and graduated in 2006. He then trained in Family Medicine at the Iowa Lutheran Hospital Family Medicine Residency Program, and served as chief resident during the 2008-2009 academic year. After completing his residency training, he entered practice with UnityPoint Clinic in the East Des Moines office and joined the residency faculty. Dr. Rehmann has championed the Patient Centered Medical Home in the East Des Moines office and serves as the Medical Director of Quality and Population Health at UnityPoint Clinic.

With Dr. Rehmann’s appointment, Dr. Corrine Ganske will step into the Associate Program Director role. Thank you Dr. Ganske for your past leadership to this special program.

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### KUDOS!

<table>
<thead>
<tr>
<th>Dr. Josh Rehmann</th>
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<tr>
<td>Dr. Corrine Ganske</td>
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Do you hate carrying credit cards or cash to purchase food at UnityPoint Health – Des Moines? Providers have a new option to purchase items in our retail food outlets – **A declining balance payment card.**

Stop by any cashier and load a card with any amount and use it to purchase food until the balance runs out or you add more money. Credit cards or cash is required when loading the card for the first time or to add money later.

The credit card or cash option will continue to be available for food purchases if desired.
Welcome New Providers to UnityPoint Health – Des Moines

UnityPoint Clinic® is proud to welcome Katie Kreamer, A.R.N.P. to our team of experienced and dedicated providers. Katie completed her medical education at University of Nebraska Medical Center, College of Nursing and she received her B.S.N. from University of Iowa. She is board-certified by the National Certification Corporation (NCC) Women’s Health Care Nurse Practitioner.

Katie aims to inform the patient to the best of my ability so that they can have some tools of empowerment toward becoming the healthiest version of themselves. She is a warm, compassionate and empathic provider who strives to meet her patients where they are at.

Her clinical interests are in well-woman exams, biopsies, nexplanon insertions/removals and IUD insertion/removal. When she isn’t in the clinic you can likely find her spending time with family and animals, cooking, home decorating and spending time in nature!

Save the Date

Evidence Based Practice Research Symposium

Improving Patient Care One Question at a Time

Thursday, August 3rd, 2017
8am-1pm
Multiple breakout sessions
Research posters on display- Beginning at 7am
UnityPoint Health – Des Moines
Education Research Center | 1415 Woodland Ave
Des Moines, Iowa
## CME UPDATE
### July 2017

Please contact Medical Education Administration at 241-6165 with questions regarding this publication.

<table>
<thead>
<tr>
<th>Title</th>
<th>Speaker</th>
<th>Date</th>
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UnityPoint Health - Des Moines is accredited by the Iowa Medical Society to sponsor continuing medical education for physicians. The live CME offerings listed above meet the criteria for category 1 credit for AMA Physician Recognition Award™.

**2017 Hospital Provider Directories** are available – please call or email Monica Aunan to receive a copy.

![Monica Aunan](image)

*To submit articles, please send to Monica Aunan, Physician Liaison at monica.aunan@unitypoint.org or call 515-241-3480*
UnityPoint Health - Des Moines Region ACO Members

Abrahamson, Tim, MD (Dermatology)
Allergy and Asthma Associates, PC
Associated Ophthalmologists
Associates in Kidney Care
Blank Health Providers-UPHDM
Boone County Comprehensive Specialty Care
Boone County Family Medicine
Boone County Hospital
Broadlawns Medical Center
Bussey Family Health Center
Cass County Hospital
Central States Medicine (Iowa Pain Clinic)
Clarke County Hospital
Dermatology, PC
Des Moines Anesthesiologists
Des Moines Eye Surgeons
Des Moines Internal Medicine
Des Moines Orthopaedic Surgeons, PC
Des Moines Pastoral Counseling Center
Des Moines Pediatric & Adolescent Clinic
Des Moines University Medical Clinic
Eyerly Ball
Ganske, John Gregory (Greg) MD
Greater Regional Medical Center
Greene County Medical Center
Guthrie County Hospital
Huxley Physical Therapy
Iowa Arthritis & Osteoporosis Center
Iowa Diabetes and Endocrinology Center
Iowa Digestive Disease Center PC
Iowa Endoscopy Center
Iowa Ear Center
Iowa ENT, INC
Iowa Head & Neck, PC
Iowa Kidney Physicians, PC
Iowa Pathology Associates, PC
Iowa Radiology, PC
Iowa Retina Consultants, Inc.
Iowa Surgery Center, PC (Dr. Praveen Prasad)
Koch Facial Surgery
Lakeview Surgery Center
Lifeworks
Lucas County Health Center
Madrid Family Practice- Boone County Hospital
McClairen, Willie C., Jr MD (Surgery) Gen Surg Physician, PC
McFarland Clinic, P.C.
McFarland Clinic - Jefferson
Medical Oncology & Hematology Assoc (MOHA)
Metro Anesthesia and Pain Management
Mid-Iowa Fertility, PC
Midwest Oral and Facial Surgery, PC
New Sharon Medical Clinic
Newton Clinic, PC
Orchard Place
Orthopaedic Outpatient Surgery Center (OOSC)
Pediatric and Adult Allergy, PC
Pediatric Cardiology, PC
Pella Medical Clinic
Pella Regional Health Center
Physicians’ Eye Clinic
Porto, Dennis P  MD  (ENT)
River Valley Therapy Clinic, LLC
Story County Medical Center
Surgery Center of Des Moines  East and West
The Iowa Clinic
The Iowa Clinic Endoscopy Center
The Iowa Clinic West Lakes
The Iowa Clinic West Lakes-Cardiology
The Iowa Clinic - Family Medicine
The Iowa Clinic - Internal Medicine
UnityPoint Health - Des Moines
West Des Moines Children's Clinic
Wolfe Eye Clinic, PC
Wolfe Surgery Center
Women's Care Clinic, PC
West Lakes Sleep Center

**Skilled Nursing Facilities**

The Bridges at Ankeny
Calvin Community
Edgewater
Fountain West
Hearthstone
Kennybrook Village
Mill Pond
North Ridge Village - Ames
Norwalk Nursing and Rehab Center
On with Life, Inc.
Parkridge Specialty Care
Prairie Vista Village

Spurgeon Manor
Sunnyview Care Center
Urbandale Health Center
Valley View Village
Wesley Retirement Services-UnityPoint Health Des Moines

List updated 5/30/2017