



# NotaBene

TAKE NOTE OF THIS

A PUBLICATION FOR THE MEDICAL STAFF OF KENNEDY HEALTH SYSTEM

Please  
Take Note

In 2009, Kennedy will be surveyed by both the Health Facilities Assessment Program (HFAP), run by the AOA, and also by the Joint Commission. These surveys assess Kennedy's compliance with contemporary standards of performance in our hospital and ambulatory facilities. Today, it focuses on systems and processes and the staff's ability to deliver the high standards. Surveys are both worthy and challenging. Obviously, we want to do well. Thus, you will experience a great deal of survey readiness activity.

In identifying priorities for 2009, we set goals to exceed in our survey performance. However, it will take a year to achieve the high marks we target (top 10 percent). Our systems are not presently mature enough to deliver outcomes consistently in the top percentiles. Given the right resources and plans, I believe we can make a significant improvement this year. More importantly, it requires a personal commitment from every physician and every staff member.

Achieving high performance outcomes is not easy work. Every person must value the use of using standard orders and adhering to protocols. True, it is easy to become annoyed by the specificity of standards, and independent professionals sometimes prefer to believe that strict adherence to standards is not as important as the data suggests. I invite your consideration of a different view. Organizations that give close attention to adherence to standards with a corresponding acceptance of the fact that we all need others to check our work, are clearly getting better results. The fact is 85% of healthcare errors are due to system problems and not individual performance failures. This underlies why surveys are so important. Nearly every standard the survey teams evaluate is one that directly affects the care of patients or serves to protect their safety while under our care.

-DLH

## New Appointments

### Department of Medicine

Patricia M. Haggerty, ARNP

*Geriatrics*

Jeffrey Pinto, DO

*Internal Medicine*

### Department of Surgery

Michael J. Picone, MD

*Pain Medicine*

Peter D. Pizzutillo, MD

*Orthopedic Surgery*

## Save The Date! Wednesday, June 3

### Vital Signs 2009:

A free, interactive  
healthcare forum &  
luncheon for Physicians  
and Office Managers

Lucien's Manor,

Berlin, NJ

11 a.m. to 2:30 p.m.

*Sponsored by the  
Kennedy Health System  
and the Medical Office  
Managers of South Jersey*

*Learn about:  
Effectively managing  
your practice during an  
economic downturn*

•

*Legal issues  
facing healthcare  
at the state level*

•

*Current issues facing  
healthcare regionally*

## Physicians in the News

**Donald A. Barone, DO**, presented on *"Multiple Sclerosis Considerations When Initiating Therapy,"* at the Neurological Center, in Willingboro, NJ, and participated in the National Muscular Dystrophy Association Clinic Directors Conference, in Las Vegas, NV, on January 25-28, 2009.

**Thomas A. Cavalieri, DO**, presented *"SOM's Impact on Economic Development in South New Jersey,"* to the Southern New Jersey Development Council's Executive Committee at its annual meeting in Galloway, NJ, on December 19, 2008. Dr. Cavalieri also participated in a panel interview on *"Urban Aging,"* broadcast on the Public Broadcasting System, from Newark, NJ, on December 9, 2008.

**Anita Chopra, MD**, presented *"Aspects of Long-Term Care,"* to Ortho-Biotech Sales Trainees, in Branchburg, NJ, on December 18, 2008.

**Carman Ciervo, DO**, attended the National Board of Osteopathic Medical Examiners Annual Board Meeting, in Chicago, on December 5-7, 2008, attended the ACOFP Committee on Education and Evaluation Meeting, in Chicago, on January 29-30, 2009, and lectured on *"Cultural Competence? Why is it Important?"* at the Cultural Competency Training Forums, at the Stratford Campus, on December 13, 2008 and January 31, 2009.

**Jacqueline Kaari, DO**, was the subject of a profile in *UMDNJ Magazine's* issue on *"Women in Medicine."* Titled *"It's Not Child's Play"* in the Fall-Winter 2008 issue, the article reviewed her experiences in medical school, her being recognized as a *"Top Doc for Kids"* by *SJ Magazine*, and how she balances family and career.

**Kathryn Lambert, DO**, lectured on *"Health Literacy: Improving Patient Education and Compliance"* at the Cultural Competency Training Forums, at the Stratford Campus, on December 13, 2008 and January 31, 2009.

**Richard Liszewski, DO**, retired after more than 30 years of service. He served as Chief of Surgery at both Kennedy-Stratford and Kennedy-Washington Township, and was an integral participant in the establishment and growth of surgical services at Kennedy.

**Philip T. Rowan, MD, FACS**, and **Tasos Aslanides, DO**, have been named Medical Directors of the two Balance Centers at Kennedy. Dr. Rowan will oversee the coordination of medical care, quality and performance initiatives and regulatory oversight at the Washington Township location and Dr. Aslanides will provide the same function at the Stratford location.

**Howard M. Weinberg, DO**, was appointed to the Catastrophic Illness in Children Relief Fund Commission in October 2008. A part of the executive branch of the New Jersey State Government, the role of the commission is to provide assistance to children and their families so that the children can maintain access to healthcare and their families will be protected against the extraordinarily high costs of healthcare.

# Behavioral Health Starts New Program to Combat Teen Prescription Drug Abuse

By John Pellicane, Behavioral Health Case Manager

I recently sat across from a young patient awaiting detox placement. Outside the temperature was below freezing, yet he had no coat – just a sweatshirt to keep him warm – and had gaping holes in the toes of his sneakers. This young man sat quietly, looking away from the television, while sniffing and holding his stomach – signs of opiate withdrawal. I wondered about opportunities missed and the fears his parents might have. Undoubtedly, they are not alone. According to the U.S. Office of the National Drug Control Policy, prescription drug abuse by teens “is exceeded only by marijuana use, and there are just as many new abusers (initiates) 12 and older of pain relievers as there are for marijuana.”\*

The study concluded that:

- The majority of teens who abuse prescription drugs gets them easily and for free – primarily from friends and relatives.
- Teens are also abusing some over-the-counter (OTC) and cold remedies to get high.
- Many parents are unaware of teen prescription drug abuse.
- Parents are in a unique position to immediately reduce teen access to prescription drugs because they are found in the home.

- There is a dramatic increase in the number of poisonings and even deaths associated with the abuse of prescription and OTC drugs.
- The prescription drugs most commonly abused by teens are painkillers, depressants (or) anti-anxiety medications.”

In response to this alarming trend, Kennedy’s Behavioral Health Services opened an inpatient Adolescent Substance Abuse Program in late 2008. This inpatient program, based on Kennedy’s Child and Adolescent Outpatient Unit at our Cherry Hill hospitals, helps prescription drug-addicted teens understand the dangers these drugs present and develop new coping skills. Many teenagers see prescription drugs as safe. They can skirt the “skid row” image by taking a nice clean pill in the safety of their own or a friend’s home. In 2006, more than 2.1 million teenagers admitted to abusing prescription drugs. Our program, through a combination of education and group therapy, allows adolescent patients to explore their own needs and values as well as identify positive solutions to help them on the road to recovery.

For more information or to make a referral, contact Kennedy’s Behavioral Health ACCESS Center at **800/528-3425**.

\* Source: Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens, Office Of National Drug Control Policy, Executive Office of the President, January 2008.

## System-Wide Department Meetings for 2009

### **Medicine and Family Practice**

7:30 a.m. in the Stratford 3rd-floor Large Conference Room – October 19

### **Surgery**

7 a.m. in the Stratford 3rd-floor Large Conference Room – May 18, September 21 and December 7

### **OB/GYN**

7:30 a.m. in the Washington Township 3rd-floor Classroom – June 19 and October 2

### **Pediatrics**

7:30 a.m. in the Washington Township 3rd-floor Classroom – October 6



# Monitoring Performance of House Staff

Monitoring the activity of your interns, residents and fellows goes beyond their performance, as measured by the Core Competencies:

- **Medical Knowledge and Skills** – knowledge of basic science, clinical medicine and clinical procedures
- **Osteopathic Principles** – application of osteopathic concepts to patient care
- **Patient Care** – technical ability, completeness of treatment plans, clinical decision making
- **Interpersonal and Communication Skills** – patient and family interactions, peer interactions, interactions with trainers and staff
- **Professionalism** – ethical practice, professional attitude, dress and demeanor
- **Practice-based Improvement** – self-directed study, incorporating evidence-based practices into patient care, research
- **Systems-based Practice** – utilization of a full scale of resources for provision of care and plan for follow-up care.

While all of these competencies are important, monitoring the performance of perhaps more mundane, but equally important, activities related to documentation must also occur.

Specific training of the teaching attending staff has taken place, outlining the monitoring of specific documentation requirements:

- Are verbal orders given only for urgent emergent situations and signed within 48 hours?
- Is medication reconciliation performed and completed on admission and transitions of care?
- Are post-op notes written immediately after surgery, and the op note dictated immediately following surgery?

- Are H&Ps complete and appropriate -- meaning all sections fully complete (nothing deferred unless truly appropriate), the OMM examination is recorded, entries are legible, and most importantly, there is a clear and concise statement of the plan of care that includes a working diagnosis?
- Are ALL entries in the medical record SIGNED, DATED, TIMED with a printed legible name under the signature?
- Does every medication order always have the dose, frequency and route; no inappropriate abbreviations (e.g., QD and D/C), and clarification of all PRN orders?
- If the patient is provided an intervention for pain, is there a follow-up assessment of the patient's response documented?
- Are standard order sets used 100% of the time, and are complete, no blanks?
- Are requests for restraints fulfilled including a documented face-to-face evaluation of the patient within one hour and completion of the restraints form (all areas)?
- Does the house staff member observe hand washing, universal protocol and barrier precautions 100% of the time?

- CJB



## Joint Commission Medical Staff Standards - OPPE and FPPE

The Joint Commission has established standards regarding how the organized Medical Staff must review and act upon the overall performance of its membership. There are basically three categories by which a professional's performance is measured:

1. **Clinical/Technical Performance**; which includes mortality/morbidity rates, readmission rates, Core Measures compliance, etc.
2. **Service Performance**; which includes patient satisfaction scores, letters from patients/families
3. **Citizenship**; which includes compliance with documentation completion, participation in meetings, communication with peers and overall "professionalism."

Two elements – **Ongoing Professional Practice Evaluation (OPPE)** and **Focused Professional Practice Evaluation (FPPE)** – are incorporated into the method of review for all members of the professional Medical Staff.

**OPPE** is a systematic process for monitoring the **ongoing performance** of all practitioners with approved privileges. Department Chiefs will review each practitioner's performance profile at least every six months and again at the two-year reappointment period. The purpose of OPPE is to assess each practitioner relative to any identified performance trends or patterns of concern within each of the three categories; clinical/technical performance, service performance and citizenship.

The data sources used to populate each practitioner's performance profile can include:

- Risk/severity adjusted outcomes data
- Core measure results
- Patient satisfaction results
- Letters from patient/families
- Medical record delinquency rate
- General documentation: legibility, dating, timing, etc.
- Nosocomial infection markers
- Incident reports/medication errors
- Departmental specific indicators (e.g., Tissue, Operative Screens, Transfusion, C- Section rates, VBAC rates, PROM)
- Proctor reports

**FPPE** is a systematic process for determining the **current performance** of any member of the professional Medical Staff in the following circumstances:

- New practitioners
- An existing practitioner who is requesting a new privilege(s)
- A practitioner who has been referred for a focused evaluation

As part of FPPE, a formal proctoring process and "proctoring tool" has been established. This process and tool will be used for newly-appointed practitioners and for any practitioner requesting new privileges. In some instances, proctoring may be indicated for practitioners who have been referred for "focused evaluation."

"The proctoring process specifies the method and duration of proctoring, as well as minimum number of cases/procedures, and time period to be reviewed. For more detailed information regarding OPPE and FPPE, please feel free to call **Dennis Bush**, VP of Performance Management, at **856/346-7864**.

# Change is in the Air: Your Voice in Medical Staff Governance

In March, Kennedy begins a process of re-evaluating the structure and governance of our Medical Staff and wants you to have your voice heard.

With the ever-changing healthcare landscape and increased demands on you, now is the time to take a good look at how we do business. The expected outcomes of Medical Staff restructuring include: increasing the efficiency of Medical Staff governance and how you practice in or intersect with the hospital and Medical Staff, improving the credentialing and privileging processes (including supporting the new monitoring requirements), reducing the number of

meetings, aligning clinical and business incentives with the Kennedy Health System, and having greater accountability for the quality of medical care we provide.

If you have suggestions as to how we can transition to a revised structure and a more efficient way of doing things, please reach out to your Medical Staff officers – Dr. Jerry Horwitz, Dr. Rob Barsky or Dr. Tony Brown – and they will bring them forward for consideration as we work toward making positive changes that will benefit you, as physicians, the health system and – most importantly – our patients.



**Nota Bene**  
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