As many of you know, antimicrobial stewardship programs are interventions designed to ensure inpatients and outpatients receive the right antibiotic and right dose at the right time for the right duration.

Decreasing physician antimicrobial overuse is expected to improve clinical outcomes and patient safety, while minimizing adverse drug reactions and antibiotic-associated diseases, such as Clostridium difficile (C. diff)-associated diarrhea. It is also expected to lower antimicrobial resistance and costs.

Interestingly, antimicrobial misuse was first recognized as early as the 1940s, when Sir Alexander Fleming stated in The New York Times that the efficacy of penicillin was decreasing because of its overuse, and penicillin-resistant organisms were being bred and causing patients to succumb to bacterial infections resistant to penicillin.

In November 2014, the first Antimicrobial Stewardship Committee meeting occurred at Kennedy Health, a time when the health system was dealing with sepsis, C. diff infections, CLABSI and CAUTI. Still intact today, the committee is a multi-disciplinary collaboration led by Cindy Hou, DO, MBA, FACOI, with the support of nursing leadership; Marianne Kraemer, RN, MPA, Ed. M., CCRN, Chief Nursing Officer at Kennedy – Stratford; other nursing leaders; research and input from Nikunj Vyas, Pharm D, an ID pharmacist; David Condoluci, DO, FACOI, and other members of Garden State Infectious Disease Associates; ED physicians; intensivists; hospitalists; surgeons; lab/microbiology staff; infection control; and performance improvement staff.

Kennedy’s Antimicrobial Stewardship Committee has been responsible for the decrease in sepsis mortality at Kennedy, proper antibiotic usage, fewer days of therapy, reduced C. diff infection rates, improvement in CLABSI and CAUTI rates, hand hygiene initiatives, mandatory ID consults (for patients on more than two antibiotics, with sepsis or with C. diff infections), and nursing’s involvement in our sepsis program, antimicrobial stewardship committee and antibiotic rounds.

Kennedy’s work to decrease sepsis mortality has been recognized by the New Jersey Hospital Association and on the national stage. This past September, we were the only U.S. hospital to earn the National Sepsis Alliance’s Sepsis Hero Award, and in November, Kennedy patient and sepsis survivor Michael Berger shared his survival story on the nationally syndicated TV show “The Doctors,” crediting the amazing care he received at Kennedy – Cherry Hill with saving his life.

Continued on page 2
In June 2016, a proposed rule, submitted by CMS, called for combined antibiotic stewardship and infection prevention and control programs in all hospitals receiving federal funding. The rule also proposes key interventions to reduce nosocomial infections and to advance the strategy for combating antibiotic-resistant bacteria, as well as seeking to establish antibiotic stewardship programs in all acute care hospitals by 2020.

The authors of the CMS proposal estimate that implementation of a comprehensive antibiotic stewardship, along with improved infection prevention and control, may have a one-time cost of $1.2 billion, with an annual cost savings of $1 billion. **More importantly, it should reduce unnecessary patient suffering, hospitalization and death.** Antimicrobial stewardship is here to stay, and Kennedy Health is already well ahead of the curve.

Thank you for your commitment to Kennedy.

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**PHYSICIAN KUDOS**

Dr. Thomas A. Cavalieri (Geriatric Medicine) was recently appointed to serve on the Veterans Affairs National Academic Affiliations Council by U.S. Department of Veterans Affairs Secretary Robert A. McDonald. Dr. Cavalieri, who is also Dean and Professor of Medicine at Rowan University School of Osteopathic Medicine, was nominated for the position because of his experience developing high-quality elder care systems and for his support of innovative medical education programs.
Dr. David Condoluci (Infectious Diseases), Dr. Cindy Hou (Infectious Diseases & Internal Medicine), Marianne Kraemer (Chief Nursing Officer, Kennedy – ST) and Mary Miller (Infection Control Practitioner, Kennedy – CH) were featured in the fall 2016 issue of Prevention Strategist, the Association for Professionals in Infection Control and Epidemiology’s (APIC) quarterly medical journal. The article – “The Intersection of Sepsis Prevention and Antimicrobial Stewardship” – highlighted Kennedy’s award-winning sepsis and antimicrobial stewardship programs.

Dr. Kenneth Covone (OB/GYN & Robotic Surgery) was recently named Medical Director of Obstetrics & Gynecology at Kennedy Health Alliance. In his role, Dr. Covone will lead Kennedy’s employed OB/GYN group to ensure high-quality patient care and oversee the growth of Kennedy’s OB/GYN programs. Dr. Covone was also featured in December 2016’s SJ Magazine, contributing to the story “Big Procedures – With Small Incisions,” which focused on advanced techniques of minimally invasive surgery.

Dr. Ricardo Perez (Internal Medicine) was recently honored by the Gloucester County NAACP at the organization’s annual Freedom Fund & Game-Changer awards dinner. Dr. Perez was one of 19 honored “game-changers,” receiving the Dr. Angela Jones Medical Award in recognition of a physician who exemplifies the medical profession’s highest values: commitment to service, community involvement, humanity, leadership and dedication to patient care.

Dr. Timothy Dombrowski (Internal Medicine) was recently honored by the Philadelphia Business Journal (PBJ) as a “Doctor of Distinction,” winning the Community Service Award at the PBJ’s annual Health Care Innovator awards event. The Community Service Award recognizes a physician who provides pro bono patient medical care services for people in need.

Dr. Kartik Giri (Cardiology) was recently named Associate Medical Director of the Cardiac Catheterization Laboratory at the Kennedy Heart Center in Washington Township. A Jefferson Medical College of Thomas Jefferson University graduate, Dr. Giri was fellowship trained in Cardiovascular Diseases and Interventional Cardiology at the University of Michigan Medical Center.

Dr. Todd Levin (Infectious Diseases) received an “Honorable Mention” from the Schwartz Center for Compassionate Healthcare as a nominee for the 2016 National Compassionate Caregiver of the Year Award. Dr. Levin was recognized for his commitment to helping and healing others through extraordinary acts of compassion.

Dr. Joseph Libby (Internal Medicine) had his letter to the editor focusing on professional titles for extended care providers published in the December 2016 issue of JAMDA (The Journal of Post-Acute and Long-Term Care Medicine).

Kennedy Podiatry Resident Dr. Sara Sharma, with assistance from fellow Residents Drs. Tiffany Liu and Urwah Haq, had their case study titled “Staged Charcot Reconstruction with Antibiotic Cement Spacer” selected for a poster presentation at the American College of Foot and Ankle Surgeons (ACFAS) Scientific Conference in Las Vegas, NV, in February 2017.
Kennedy University Hospital – Stratford Earns 2016 Leapfrog ‘Top Hospital’ Award

The Leapfrog Group recently announced that Kennedy University Hospital – Stratford has been named a 2016 Top Hospital. This marks the first time one of Kennedy Health's three hospitals has been named to this list, widely acknowledged as one of the most prestigious distinctions a U.S. hospital can receive. The Leapfrog Top Hospital designation showcases Kennedy’s commitment to patient safety and quality.

“This is a tremendous achievement for the entire staff of our Stratford hospital, which opened in 1965 as Kennedy’s first facility,” said President & CEO Joseph W. Devine, FACHE. “We are extremely proud that our ongoing commitment to patient safety and high-quality care has led to this important recognition.”

The selection of Top Hospitals is based on the results of the 2016 Leapfrog Hospital Survey. Hospitals had to receive an “A” on the current Leapfrog Hospital Safety Grade (Fall 2016) to qualify for Top Hospital designation. Performance across many areas of hospital care is considered in establishing the qualifications for the award, including infection rates, ICU physician staffing and a hospital’s ability to prevent medication errors.

Kennedy – Stratford was honored in the Top General Hospital category, and was one of 115 Top Hospitals recognized across the country.

To see the full list of 2016 Top Hospitals, visit www.leapfroggroup.org/tophospitals

Introducing Kennedy’s New ‘Health Innovation Program’

Kennedy’s My diabetes, My life program has been rebranded and is now known as the Health Innovation Program (HIP). The scope of the program has expanded and now includes patients with hypertension. This expansion aligns with Kennedy’s and the state of New Jersey’s population health goals – to increase the community’s health and well-being. We have made remarkable progress from our original efforts by decreasing hospital admissions by 7 percent and Emergency Department visits by 25 percent for those with diabetes.

Currently, HIP follows 1,200 underserved and underinsured patients. The program provides care coordination, health coaching, social work and dietary assistance. When patients experience a transition of care, the communication between hospital, emergency room, primary care physicians, community-based resources and HIP are enhanced.

Feedback from primary care physicians and specialists has been very positive so far, as they are seeing great health improvements in the diabetic patients they care for.

It is expected that Kennedy’s HIP will improve its performance annually by 10 percent if each patient receives annual HgbA1c, lipids, diabetic foot and dilated eye exams, has controlled blood pressure (<140/90) and there is 10 percent decrease in hospital admissions for patients with long- and short-term complications from diabetes and hypertension.

Through the coordinated efforts of our medical neighborhood, Kennedy expects to reach its goals and improve the health of our community.
Kennedy University Hospitals Earn ‘A’s’ for Patient Safety in Fall 2016 Leapfrog Hospital Safety Grade

Kennedy University Hospital’s three locations have again each been honored with an “A” grade in the Fall 2016 Hospital Safety Grade, which rates how well U.S. hospitals protect patients from preventable medical errors, injuries and infections.

A recent announcement by independent hospital watchdog The Leapfrog Group – which administers the Hospital Safety Grade – showed Kennedy among only 844 U.S. hospitals to receive an “A” rating, ranking among the safest hospitals in the nation. This marks the fifth consecutive time Kennedy’s hospitals have each earned an “A” rating in the Leapfrog safety report.

Dr. David Condoluci, Chief Patient Safety & Quality Officer, said Kennedy’s “A” grades in this elite national ratings program “recognizes our continued, strong commitment to patient safety, which is Kennedy’s top priority as a health care institution.”

Developed under the guidance of an expert panel, The Leapfrog Hospital Safety Grade uses 30 measures of publicly available hospital safety data to assign A, B, C, D and F grades to more than 2,600 U.S. hospitals twice annually. It is calculated by top patient safety experts, peer-reviewed, fully transparent and free to the public.

To see Kennedy University Hospitals’ full grade, visit www.hospitalsafetygrade.org

Kennedy’s Comprehensive Breast Center Receives 2016 Women’s Choice Award® as one of America’s Best Breast Centers

The Kennedy Health Comprehensive Breast Center, located at the Kennedy Cancer Center in Washington Township, has received the 2016 Women’s Choice Award® as one of America’s Best Breast Centers.

This evidence-based designation is the only award that identifies the country’s best breast centers based on robust criteria that considers female patient satisfaction and clinical excellence.

The list of more than 450 award winners, including the Kennedy Health Comprehensive Breast Center, represents breast centers that have met the high standards of the National Accreditation Program for Breast Centers (NAPBC) and carry the Breast Imaging Center of Excellence (BICOE) seal from the American College of Radiology. Breast centers associated with a hospital must receive a rating in the top 75 percent for the Centers for Medicare and Medicaid Services’ (CMS) patient recommendation measures.

“We are honored to receive this prestigious recognition for our Comprehensive Breast Center and the fine work it does,” said Kennedy Health President & CEO Joseph W. Devine, FACHE. “Our team works closely with patients and their physicians to ensure the highest quality care, close to home.”

The Kennedy Health Comprehensive Breast Center, located at the Kennedy Cancer Center in Washington Township, has again each been honored with an “A” grade in the Fall 2016 Hospital Safety Grade, which rates how well U.S. hospitals protect patients from preventable medical errors, injuries and infections.

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**MACRA and MIPS may be unfamiliar terms to some Medical Staff members, but they affect all members starting January 1, 2017.**

**MACRA** is the acronym for the Medicare Access and CHIP Reauthorization Act of 2015 that ties physician payments to greater accountability of cost and quality. It streamlines the multiple quality reporting programs today (Physician Quality Reporting Program or PQRS, Value-Based Payment Modifier or VM, & Medicare Electronic Health Records Incentive Program or EHR) into the new **Merit-based Incentive Payment System (MIPS).**

**MIPS** is one of two new distinct pathways created by MACRA that adjust payment using different criteria. The other pathway is the **Advanced Alternative Payment Model (APM)**, which will only be mentioned briefly in this article. Most clinicians will be subject to MIPS, and many are **clinicians who are not in APMs, are in non-advanced APMs and are in advanced APMs but are not qualifying APM participants or QPs.**

The three current independent quality programs (PQRS, VM & HER) are renamed in MIPS to **Quality, Resource Use or Utilization** and **Advancing Care Information.** A fourth new component, called **Clinical Practice Improvement Activities (CPIA),** has been added. MIPS provides clinicians with the flexibility to choose activities and measures that are most meaningful to their practice to demonstrate performance. Each of the four performance categories will be weighted each year and constitute the **MIPS Composite Performance Score (CPS).**

To calculate the CPS for MIPS, clinicians look at each individual category and the scoring description for that category. The **Quality** category (weighted 50% in 2019, 45% in 2020, & 30% in 2021) will be largely based on measures used in PQRS and VM and will most likely use a mix of reported and claims-based measures. At least **six measures** must be submitted and include one cross-cutting measure and an outcome measure. In addition to the six measures, clinicians will be scored on **three population-based measures** that do not require data submissions (acute conditions composite: pneumonia, UTI & dehydration; chronic conditions composite: DM, COPD/Asthma & CHF; and 30-day all cause hospital readmission measures) and will also be eligible for **bonus points** for reporting on high-priority measures.

The **Advancing Care Information** category (weighted 25% in 2019, 2020, & 2021) replaces “meaningful use” to reflect changes made to the program. It will have a **base score** of 50 percentage points, achieved by providing either the numerator and denominator, or a “yes” or “no” answer, for six measures (protect PHI, e-prescribing, patient electronic access, care coordination through patient engagement, health information exchange, public health & clinical data registry reporting); a **performance score** of up to 80 percentage points for measures that emphasize patient care information access (patient electronic access, coordination of care through patient engagement & health information exchange); and bonus points (public health & clinical data registries) with a total cap of 100 points available.

The **CPIA** (weighted 15% in 2019, 2020 & 2021) contains activities each worth 10 points (expanded practice access, population health management, care coordination, beneficiary engagement, patient safety & practice assessment); double-weight for “high” value activities (certified patient-centered medical home), with the sum of activity points compared to a target.

The **Resource Use or Utilization** (weighted 10% in 2019, 15% in 2020, & 30% in 2021) will be initially measured on two of the VM measures currently used along with up to 41 proposed episode-based measures evolving over time. The two current Resource Use measures are **total per capita costs for all attributed beneficiaries** and **Medicare spending per beneficiary,** which is defined as expenditures in the period three days prior to a hospital admission through 30 days post-discharge.
All MIPS performance categories are aligned to a performance period of one calendar year. The performance period for the first year is 2017; 2019 will be the payment year for this performance period. **Subsequently, each performance year will always be two years prior to the payment year.**

The MIPS-eligible clinician’s payment adjustment percentage is based on the relationship between their CPS and the MIPS performance threshold. For 2019, CMS proposes to set the performance threshold at a level where approximately half of the eligible clinicians would be below the performance threshold, and half would be above the threshold, based on modeling of 2014 and 2015 data from various programs that predate MACRA. A **CPS below the performance threshold will yield a negative payment adjustment. A CPS equal to the performance threshold will not receive an adjustment. Clinicians with a CPS above the performance threshold will yield a positive payment adjustment.**

The adjustment factor for each MIPS-eligible clinician will be determined with a linear sliding scale from zero to 100. **Zero is the maximum negative adjustment and 100 is the maximum positive adjustment.** Before applying the linear scale, there are two modifications that must be applied. The first is the maximum negative adjustment applied to CPS between zero and one-quarter of the performance threshold. These clinicians will receive the maximum negative MIPS adjustment factor for the corresponding payment year. Secondly, all positive MIPS adjustment factors are multiplied by the scaling factor, which will be between zero and three (calculated yearly to ensure budget neutrality). In payment years 2019 to 2024, clinicians achieving a positive adjustment with the highest CPS are eligible for an exceptional performance payment. The additional performance threshold is set at the 25th percentile of scores above the performance threshold.

For payment year 2019, the MIPS-adjusted Medicare Part B payment will range from -4% to +4%. For payment year 2020, the MIPS-adjusted payment will range from -5% to +5%. For 2021, the MIPS-adjusted payment will range from -7% to +7%. For 2022 and onward, the MIPS-adjusted payment will range from -9% to +9%.

Lastly, annual Medicare rate increases will remain at 0.5% for 2017, 2018 and 2019, with all physicians receiving the same increase. In 2020, there will be no further annual Medicare rate increases.

Be vigilant regarding **MACRA** and **MIPS** information, as it began January 1, 2017.

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**Dr. Hou Named ‘Physician Champion’ of NJHA Statewide Antimicrobial Stewardship Collaborative**

Starting January 2017, the New Jersey Hospital Association (NJHA) will launch a statewide **Antimicrobial Stewardship Collaborative** for NJ acute care hospitals and long-term care facilities.

Led by physician champion **Dr. Cindy Hou** and **Kennedy Health’s team**, the collaborative will promote and measure use of the **appropriate agent, dose, duration, and route of administration of antimicrobial agents** – both in acute care and post-acute care settings.

The overall goal is to **improve quality of patient care and patient safety while reducing excessive costs** attributable to inappropriate antimicrobial use, as well as working to establish antibiotic stewardship in all hospital and post-acute care settings.

For more information, contact **Lauren Rava** at lrava@njha.com.
With Sincere Thanks

As we move into the new year, the Kennedy Health Care Foundation extends its sincere thanks to Kennedy’s Medical Staff for their enduring support in 2016. Your generosity has provided necessary resources to support many of our programs, including the purchase of new equipment for Kennedy’s Lung Cancer Program and NICU. Your contributions have also assisted numerous Kennedy associates in times of critical need.

As we gear up for 2017, our partnership with the Medical Staff will continue to serve our patients, the community and each other.

We look forward to seeing you at the 2017 Kennedy Health Gala featuring celebrity entertainment Huey Lewis and The News!

2017 Kennedy University Hospital System-Wide Department Meetings Schedule

<table>
<thead>
<tr>
<th>Department</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine/ Family Practice</td>
<td>Thursday</td>
<td>May 18</td>
<td>7:30 a.m.</td>
<td>3rd Floor Large – Stratford</td>
<td>R. Perez, DO</td>
</tr>
<tr>
<td>Surgery</td>
<td>Monday</td>
<td>Feb. 6</td>
<td>7:00 a.m.</td>
<td>3rd Floor Large – Stratford</td>
<td>F. Bech, MD</td>
</tr>
<tr>
<td></td>
<td>Monday</td>
<td>May 15</td>
<td>7:00 a.m.</td>
<td>3rd Floor Large – Stratford</td>
<td>F. Bech, MD</td>
</tr>
<tr>
<td></td>
<td>Monday</td>
<td>Sept. 11</td>
<td>7:00 a.m.</td>
<td>3rd Floor Large – Stratford</td>
<td>F. Bech, MD</td>
</tr>
<tr>
<td></td>
<td>Monday</td>
<td>Dec. 11</td>
<td>7:00 a.m.</td>
<td>3rd Floor Large – Stratford</td>
<td>F. Bech, MD</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Friday</td>
<td>March 10</td>
<td>7:30 a.m.</td>
<td>Administrative Conference Room – Washington Twp.</td>
<td>K. Williams, MBBS</td>
</tr>
<tr>
<td></td>
<td>Friday</td>
<td>May 19</td>
<td>7:30 a.m.</td>
<td>Administrative Conference Room – Washington Twp.</td>
<td>K. Williams, MBBS</td>
</tr>
<tr>
<td></td>
<td>Friday</td>
<td>Sept. 8</td>
<td>7:30 a.m.</td>
<td>Administrative Conference Room – Washington Twp.</td>
<td>K. Williams, MBBS</td>
</tr>
<tr>
<td></td>
<td>Friday</td>
<td>Dec. 8</td>
<td>7:30 a.m.</td>
<td>Administrative Conference Room – Washington Twp.</td>
<td>K. Williams, MBBS</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Tuesday</td>
<td>May 2</td>
<td>7:30 a.m.</td>
<td>Administrative Conference Room – Washington Twp.</td>
<td>J. Kaari, DO</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>Oct. 24</td>
<td>7:30 a.m.</td>
<td>Administrative Conference Room – Washington Twp.</td>
<td>J. Kaari, DO</td>
</tr>
</tbody>
</table>
Team STEPPS 2016 Program Recap

By Patient Safety & Risk Management Department

High Reliability Organizations (HROs), like Kennedy Health and other health care providers, have moved toward a safety-conscious culture, demonstrating values, attitudes and behaviors that support health and safety management.

Patient safety remained a top priority at Kennedy in 2016, with all new associates receiving specialized Team STEPPS (Strategies and Tools to Enhance Performance and Patient Safety) training. Team STEPPS, an evidence-based program developed by the Agency for Healthcare Research and Quality and the Department of Defense, aims to improve teamwork and communication among health care providers. The program focuses on four key concepts: Leadership, Communication, Mutual Support, and Situational Monitoring.

Kennedy’s Patient Safety & Risk Management Department studied eight departments to determine the effectiveness of TEAM STEPPS training. Briefs, huddles, and debriefs were successfully implemented to increase the situational awareness of all patient care team members. Additionally, associates were further instructed on the importance of “Stopping the Line” and using the CUS (Concerned, Uncomfortable, and Safety Issue) Script to assess and elevate all patient safety concerns.

Thank you for your support as we look forward to a safe and productive 2017!
ATTENTION PHYSICIANS!

Vote this February for U.S. News & World Report “BEST HOSPITALS”

Please vote for Kennedy University Hospital within your specialty as one of our nation’s “Best Hospitals.”

Please look for your survey invitation on Doximity.com.

For more information, contact Kennedy’s Marketing Department at (856) 566-5312.

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