

## CONTENTS

2 & 3  
Throwing Compliments  
Instead of Knives

4  
Sighted! Future  
Physicians

5  
Make "Our Covenant"  
Your Focus

6 & 7  
The Federation:  
Partnering for Value

8 & 9  
The Next Episode:  
da Vinci Xi

10 & 11  
Life with MyChart®  
and OpenNotes

12 & 13  
How YOU Can Improve  
the Patient Experience

14 & 15  
New Ways to Tackle  
Chronic Venous  
Insufficiency

16  
Pre-Surgery Tips  
for Post-Surgery  
Healing



## Commitment to "Our Covenant"

*Dr. James Hines*  
*Covenant HealthCare Chief of Staff*

If you are like most medical professionals, you joined this profession to help sick or injured people get better. In this day and age, though, it's not enough to take the Hippocratic Oath. We need to be diligent in driving quality patient care and value, as well. This requires an even deeper commitment – and willingness – to drive change for the better.

The challenge is coming to an agreement on what those changes should be. Our healthcare systems are complex, and driven by a myriad of needs and issues. In Saginaw, for example, physicians come from many areas of expertise. Some of us are independently employed and some are employed by hospitals like Covenant HealthCare with many providers and partners. And, we all have opinions!

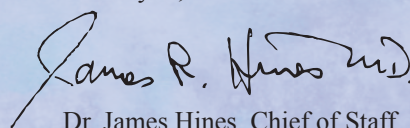
The good news is that progress is being made and bridges are being built with the new "Our Covenant" compact that Dr. Schultz discusses in his article. I'm very excited about this compact because it is the first written statement of cooperation between physicians and Covenant HealthCare that reflects a shared vision and clearly defined actions, a.k.a. commitments. "Our Covenant" is a partnership, fueled by physician feedback, which can accelerate efforts to provide extraordinary health care at the best value to our patients.

Implementation will take extra effort and commitment, and may take us out of our comfort zone too. Let me share one of my earlier, scary experiences that found me outside of my comfort zone ... and yes, it takes place again in the Central African Republic (CAR). Following my graduation from medical school in 1980, I headed to the CAR on a two-month medical mission with my wife and 12-week old son. I was to work with a missionary family doctor whom I had met only once in the U.S. We landed on a dirt airstrip near Boguila Hospital with hundreds of villagers welcoming us with singing and rejoicing.

Imagine my surprise when I asked one of the nurses where the missionary doctor was and she said, "Why, YOU are the doctor!" My heart sank and I knew that I was in trouble. "Me, a doctor... well yes, but barely," I thought. Apparently, the "real" doctor was away at a planned medical meeting for two weeks. I felt betrayed, angry, fearful, helpless and scared all at once. The doctor had verbally promised that he would be next to me every step of the way! But the sight of those villagers, and their immense need, made me realize that the commitment was on ME, not him. I now had a bigger job of delivering quality care and needed to fill his shoes.

The missionary doctor did eventually arrive and we learned a lot, as together we worked for the betterment of our patients. All of us can do the same here in Saginaw through "Our Covenant." It might take a bigger commitment than usual, but I am convinced that it lays the foundation for future success.

Thank you,



Dr. James Hines, Chief of Staff





## Throwing Compliments Instead of Knives

GUEST AUTHOR

*Dr. Matthew Deibel, Medical Staff Quality Improvement Committee Chair and Emergency Department Medical Director*

Without a doubt, healthcare is a stressful occupation. Unfortunately, with stress comes a variety of unhealthy side effects, including disruptive behavior which The Joint Commission defines as “conduct by a healthcare professional that intimidates others working in the organization to the extent that quality and safety are compromised.”

Our most recent Physician Engagement survey results confirm what we already know at Covenant HealthCare: that disruptive behavior is a key concern. We’ve all seen it happen – from outright verbal abuse and angry outbursts to passive-aggressive attitudes. Unfortunately, such bullying is intimidating and demoralizing. It makes people afraid to speak up which can lead to medical errors, including potential life and death issues.

So how do we get people to throw compliments instead of knives?

### Addressing the Issue

We all play a role in addressing disruptive behavior. For some offenders, being disruptive is an aberration but for others, it could be a habit. Patient outcomes are dependent on close teamwork and a positive environment, so as physicians, it’s important to:

- Avoid the “Code of Silence” – don’t legitimize bad behaviors by letting them go.
- Report the negative behavior, using the systems that are in place. Talk to your section chief or department chair, or call **583.SAFE**.
- Ensure that the entire process is kept confidential to protect all parties involved.

The Medical Staff Quality Improvement (MSQI) committee at Covenant HealthCare is engaged on every one of those fronts. Formed 17 years ago, MSQI reports to the Medical Executive Committee (MEC). It is comprised of physician volunteers (see sidebar) who meet once per month to discuss topics impacting quality, from clinical variances to physician issues.

With the initiation of a high reliability organization (HRO) in 2013, MSQI has strengthened its emphasis on disruptive behavior by encouraging transparency with complaints, and by taking corrective action with offenders.

### Following the Process

Victims and witnesses of disruptive behavior should call the **583.SAFE** line to report incidents involving physicians (and nurses) affiliated with Covenant HealthCare. Open 24/7, the call line is monitored Monday-Friday during business hours. All messages are confidential and while they can be left anonymously, it is best if the caller leaves a name and number so that additional information can be obtained and appropriately responded to.

If an incident is isolated, follow-up includes logging the event and usually a phone call or letter from MSQI. These isolated incidents account for the majority of the 200 to 300 issues that arise each year. If a more serious event occurs or if a pattern emerges, then an MSQI or MEC member is matched up with the offender, after which the two meet to discuss the incident and a course of action.

On average, the committee has detailed, confidential conversations with more than a dozen physicians a year to explore the root of the problem and define solutions. Further action, including professional counseling, is tailored to the situation which continues to be monitored to determine progress.

While MSQI does not have disciplinary power, it will refer cases to the MEC when the situation can’t be resolved with the physician. This occurs in one to two cases per year.



### Making Progress

The MSQI committee continuously documents its progress with both good and bad behaviors. See the “Tackling Disruptive Behavior” table below for a few interesting results.

It is important to remember that we all play a role in squelching disruptive behavior. Together, we need to take the time to register a complaint, especially when the behavior becomes habitual.

Importantly, we should constantly evaluate our OWN behaviors too, ensuring that we – as individuals – are a part of the **solution**, not the **problem**.

*For more information, contact Dr. Deibel at 989.583.6022 or [mdeibel@chs-mi.com](mailto:mdeibel@chs-mi.com).*

### MSQI Members

- Matthew Deibel, MD, Chair
- Sue Dole, Director, Patient Safety & Quality
- Peter Fattal, MD
- Steven Fettinger, MD
- George Gugino, MD
- John Kosanovich, MD, CEO of Covenant Medical Group
- Mark Kuligowski, DO
- John Llewelyn, MD
- Michael Schultz, MD, VP of Medical Affairs
- Rebecca Schultz, Director, Risk Management
- Sanjay Talati, MD
- Mary Jo Wagner, MD, DIO of CMU Healthcare
- Arno Weiss, MD

### TACKLING DISRUPTIVE BEHAVIOR

TRENDING	TRANSLATION
An increase in disruptive behavior complaints since HRO started.	Transparency is working.
An increase in detailed discussions and corrective actions with physicians.	More problems are being addressed directly.
An increase in positive comments about physicians.	We DO deliver extraordinary care to every generation, and our staff makes patient satisfaction a top priority.



## Sighted! Future Physicians

GUEST AUTHOR

Dr. Steven Vance, Associate Dean-Distributed Campus,  
CMU College of Medicine

“The presence of medical students has brought new life and energy to the units. We are all compelled to teach more, ask more questions and think more. Even common medical diagnoses are looked at from a fresh perspective.”

– Dr. Michael Fiore, Pediatric Critical Care  
Medicine, Covenant Health Systems

Now that our first class has started clinical training, more than 50 CMU College of Medicine (CMED) third-year students are walking the halls of Covenant HealthCare, St. Mary’s of Michigan, and regional ambulatory clinics under the guiding hands of area physicians.

CMED’s year three consists of six months in a comprehensive community clerkship (CCC) and six months in rotating hospital clerkships. More specifically:

- **In the CCC**, students are exposed to a longitudinal ambulatory care experience in medical practices throughout rural and northern Michigan. Topics of focus include family medicine, pediatrics and women’s health. Consistent with our mission, students “live and learn” in these communities and experience the rewards and challenges of practice in underserved areas.
- **In hospital clerkships**, students are exposed to inpatient medicine through a series of five core rotations in surgery, hospital medicine, psychiatry, obstetrics/gynecology, pediatrics and emergency medicine. Here, they get a first-hand view of the dynamics of acute care in an academic community setting.

These hands-on experiences help students identify the area of medicine they are most passionate about, and where they may want to specialize or do fourth-year elective rotations. They also gain:

- Valuable knowledge and skills from experienced community physicians.
- Higher levels of confidence and assertiveness.
- Skills to build strong and caring patient relationships.
- The beginnings of a robust network of expertise.

Approximately 90% of the current third-year students are from Michigan; 40% are from our CMU “footprint.” They are intelligent, inquisitive and passionate about their future profession. We believe that many of these students are likely to stay locally for residency and beyond. By investing our time and energy into their education, we are truly “paying it forward” for the next generation of physicians that will care for the people of mid- and northern Michigan.

If you, as a physician, would like to get involved, please use this link to learn more about becoming a CMED community educator: [med.cmich.edu/communityfaculty](http://med.cmich.edu/communityfaculty).

## Student Perspective | BRETT PIERCE, CMED YEAR 3

“I grew up in Frankenmuth and was interested in the mission and vision of CMU’s College of Medicine because it focused on the need to be culturally competent, patient-centered and innovative, and to address the underserved. Plus, it provided the opportunity to work in Saginaw, close to where I grew up.

“As a third-year student, I just finished my hospital rotations along with an elective at the Veterans Administration. Working with physicians and residents, and getting exposed to the patients, was a great learning experience that also helped me narrow my areas of interest. For example, I fell in love with pediatrics and really enjoyed working with inpatients. One funny memory was when our pediatrics team was forced to use the children’s toy room for morning rounds. It resulted in one attending, one resident and three medical students sitting around a very small child’s table discussing the complexities of the management and treatment of our patients. It was one of those stark ironies I’ll never forget.

“Frankly, none of us students knew what to expect when we started rotations. We didn’t know if we’d be accepted or viewed as slowing down the process. We were not only accepted but were challenged every day and required to present on a tough topic, but this prompted us to constantly question and learn. I am pleased at how welcoming everyone at Covenant has been, from physicians and residents to nurses, therapists and administrative staff. They have all set a great example.

“Even the patients have been very welcoming in terms of letting us learn from their cases. Working with them has allowed me to learn about a wide variety of illnesses while witnessing the challenges that face patients of varying socio-economic statuses.

“This kind of experience and insight will continue to be important as I move forward in my medical career.”



“Covenant HealthCare has historically been a teaching institution and prides itself with bringing quality healthcare to the Saginaw Bay area. This has allowed us to stay current in terms of medical treatments and to help remove barriers to care. As clerkship director of Obstetrics and Gynecology, I am excited to see the students of Central Michigan University continue this tradition of excellence and become of part of making this community a medical success.”

– Dr. Rosalyn Green Miller, Assistant  
Program Director and Clerkship  
Director OB/GYN



# Make “Our Covenant” Your Focus

Dr. Michael Schultz, Vice President of Medical Affairs

Last February, a shared vision was ratified by the physician leaders of the Covenant HealthCare Medical Staff, along with our Executive Team and Board of Directors (BOD). At that time, we began working on a compact to achieve our shared vision and are pleased to say that it too was ratified at the Medical Executive Committee meeting in September and by the BOD in October.

The approved compact, which we refer to as “Our Covenant,” clearly defines our shared vision and mutual commitments to delivering extraordinary care and value (see below). “Our Covenant” is driven by patient centeredness. It should go without saying, but patient centeredness is the driving force for the future of healthcare, and reflects physician feedback from many section, department and other meetings.

“Our Covenant” describes the culture we need to create to achieve our shared vision. Success, however, is more than words on paper. It requires everyone – physicians and other medical professionals – to internalize the commitments and take action. We ask that you take some time for introspection to understand how “Our Covenant” relates to your daily activities and how you can incorporate these commitments into everything you do. Ask yourself: “How can I personally bring ‘Our Covenant’ to life so that it becomes a reality?”

At the end of the day, it’s all about us working together to improve the quality of patient care, and to deliver extraordinary care for everyone, always.

For more information, contact Dr. Schultz at 989.583.4103 or [mschultz@chs-mi.com](mailto:mschultz@chs-mi.com).



**“OUR COVENANT”**  
The Compact Between Covenant HealthCare and its Medical Staff

**OUR SHARED VISION**  
*“Together, the Medical Staff and Covenant HealthCare are driving extraordinary care and value for our patients and communities.”*

**TOGETHER, WE COMMIT TO:**

- Patient-centric, high-quality, safe care
- Assume positive intent
- Respect, trust and support for each other
- Accountability and professionalism
- Providing an optimal learning environment

**EXTRAORDINARY CARE**

<p><b>MEDICAL STAFF COMMITS TO:</b></p> <ul style="list-style-type: none"> <li>• Communicate and collaborate across the care team</li> <li>• Seek understanding of other physicians, staff and administrators</li> <li>• Deliver evidence-based care</li> <li>• Follow guidelines to optimize medical outcomes</li> <li>• Support medical student and resident training</li> </ul>	<p><b>COVENANT HEALTHCARE COMMITS TO:</b></p> <ul style="list-style-type: none"> <li>• Resolve issues in an unbiased and timely manner</li> <li>• Provide data and infrastructure to facilitate high-value and high-quality care</li> <li>• Recruit and retain the best medical team</li> <li>• Provide excellence in medical education</li> </ul>
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**VALUE**

<p><b>MEDICAL STAFF COMMITS TO:</b></p> <ul style="list-style-type: none"> <li>• Recognizing the authority of appointed and elected medical staff leaders</li> <li>• Cost-effective, quality care</li> <li>• Actively participate in change and decision-making processes</li> <li>• Actively support physician development and leadership</li> </ul>	<p><b>COVENANT HEALTHCARE COMMITS TO:</b></p> <ul style="list-style-type: none"> <li>• Timely engagement of physicians in strategic, operational and clinical initiatives</li> <li>• Transparency in key administrative actions</li> <li>• Provide information and tools relevant to the business and practice of healthcare</li> <li>• Support professional development for all healthcare providers</li> </ul>
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## The Federation: Partnering for Value

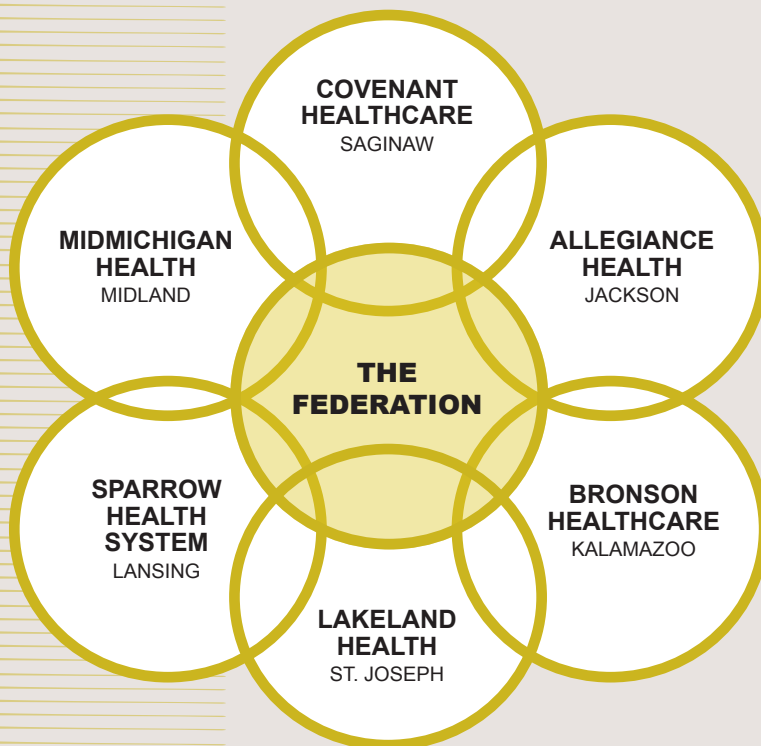
GUEST AUTHOR

*Dr. Michael Slavin, Medical Director, Physician Hospital Organization of Covenant HealthCare and President of Primary Care Partners, Inc.*

Health systems and physicians alike are implementing **clinically integrated** networks across the nation for two key reasons: 1) to improve the competitiveness, quality and financial stability in the changing world of healthcare and 2) to accelerate the transition to value-based care.

The Federation, formed last July, is working to become a clinically integrated network of six leading health systems in the state of Michigan (see below). Its mission is to develop and deploy a unique care delivery model aimed at keeping people well and providing greater value across the healthcare continuum.

With The Federation, not only will each of the six health systems be able to more effectively drive clinical integration (CI) within their **own** system, but they will also drive CI – including sharing of best practices, proven protocols and information – **across** health systems. This serves to break down silos and build up better models for value delivery on all fronts. It will also help improve population health across the state by delivering higher quality, evidence-based clinical care.



Clinical integration refers to the coordination of care across a continuum of services to improve the value of the care. These include preventive care, outpatient care, inpatient acute hospital care and post-acute care, including skilled nursing, rehabilitation, home health services and palliative care. Primary care physicians, specialty physicians, hospitals and other providers – including pharmacists, social workers, post-acute care providers and other clinicians – work together to develop policies and procedures that improve care delivery.

## Criteria for Success

Creating an effective clinically integrated network at Covenant HealthCare is essential to success in The Federation. There are many criteria for creating a flourishing CI network, including:

- **Legal compliance:** Meet Federal Trade Commission (FTC) guidelines for clinical integration networks.
- **Physician leadership:** Next to FTC compliance, this is considered the most important criterion for success, requiring a physician-led, professionally-managed organization based on trust, transparency and teamwork, clear communications and strong governance.
- **Best practice guidelines:** A willingness among all participating providers to help develop, implement and support best-practice guidelines, and monitor compliance.
- **Physician commitment:** An investment of time among participating providers to give their voice, serve on committees and contribute to guidelines. Furthermore, to be part of a clinically integrated network, the FTC requires physicians to agree to the physician-developed guidelines and practice them accordingly.
- **CI networks:** Each health system must develop its own clinically integrated network with participating physicians and staff.
- **Collaboration:** Engagement with all parties, the hospital system, physician groups, and other healthcare organizations in the region.

## Opportunities

CI is not only viewed as a solution for improving patient outcomes while reducing costs and waste, but also for improving overall community health.

Two core strategies for Covenant HealthCare are **Pursue Clinical and Patient Excellence** and **Population Health**.

A CI network will help accelerate those strategies, while taking our Compact relationship to new heights as well (see the article on page 5), further cementing relationships and teamwork. In addition, CI can help both The Federation and participating members transition from a “fee for service” model to the increasingly payer-preferred “fee for value” model. This can lead to additional opportunities via, for example, managed care contracts with major employers.

## Federation Membership

Each of the six participating health systems brings its own set of strengths to The Federation. For example, some health systems offer expertise in bundled payment programs, while others have specialties in clinical data collection and analysis, electronic medical records or in managing costs.

The Federation’s board (see top right) has recently come out of the gate with three committees to explore organizational implementation, clinical transformation and managed care contracting. Other committees are in development, including communications and education, business intelligence, and information technology. Note: The name, “The Federation,” may change as the structure develops.

## The Federation Board

- Bill Mayer, MD, CEO, The Federation (formally senior vice president, Bronson Healthcare Group)
- Dennis Swan, Chairman of The Federation; CEO of Sparrow Health System
- Kevin Albosta, CFO of Covenant HealthCare; CEO of Covenant HealthCare PHO
- Georgia Fojtasek, RN and CEO, Allegiance Health
- Loren Hamel, MD, vice chair and CEO, Lakeland Health
- Ray King, MD, chief medical officer of Allegiance Health; CEO of Jackson Health Network
- Madhura Mansabdar, MD, chief clinical integration medical officer, MidMichigan Health
- Harman Nagler, MD, vice president of clinical integration, Sparrow Health
- Ken O’Neill, MD, vice president of clinical integration, Lakeland Health
- Diane Postler-Slattery, secretary and CEO, MidMichigan Health
- Frank Sardone, CEO, Bronson Healthcare
- Michael Slavin, MD, medical director of Covenant HealthCare PHO; president of Primary Care Partners Inc.

## A New View

Changes in healthcare require us to take a different view on medicine. It’s not just about quantity; it’s about quality too. It’s about moving from a volume-based, service line model to a value-based model in a short period of time.

No one can do this alone, but with The Federation, we can move the needle faster. Working together, we can transform healthcare delivery to consistently improve patient outcomes and to favorably impact the health and cost of care in our communities.

Are YOU interested in making a difference and serving on a committee? If so, you can learn more at department meetings and other venues. Meanwhile, feel free to call the number below to learn more.

*For more information about clinical integration networks and The Federation, contact Dr. Slavin at 989.583.7513 or [msslavin@chs-mi.com](mailto:msslavin@chs-mi.com). To learn more about serving on a clinical integration committee, contact Melissa Gerhauser, 989.583.7513 or [mgerhauser@chs-mi.com](mailto:mgerhauser@chs-mi.com).*

# THE NEXT EPISODE: DA VINCI XI

*Long ago, in a health care galaxy not so far away, surgeons welcomed the first da Vinci System to their arsenal of minimally-invasive alternatives to open surgery. They put it to good use, winning early victories over evil diseases. But it is a period of technology revolution, and they needed more innovation to perform complex procedures. After adding an Si robot, trading the S robot for a second Si, and seeing increased volume, plans were implemented to unleash the ultimate, next-gen weapon: the da Vinci Xi – offering the power to heal with even greater control.*



**GUEST AUTHOR**

**John Germain, RN, BSN, MSHA, Director of Surgical Services**

## An Evolution

As with the blockbuster hit Star Wars, the *da Vinci*<sup>®</sup> Surgical System continues to capture the imagination. Approved by the Food and Drug Administration in 2000, *da Vinci* was heralded as a major advance in robotic surgery. As a form of laparoscopic surgery, it is minimally invasive and gives *da Vinci*-trained surgeons the flexibility to operate with enhanced 3D HD vision for a highly magnified view, along with instrumentation that improves precision and control.

Over the past decade, *da Vinci* has been used on more than 2 million patients worldwide, primarily in the United States, and is often associated with faster recovery and fewer complications – depending on the patient.

Since its introduction, manufacturer Intuitive Surgical, Inc., has continued to address shortcomings – adding capabilities such as the *da Vinci Si* system and *da Vinci* Single Site surgery. Recently, it introduced yet another generation: the *da Vinci Xi* system.

## The New Frontier

The *da Vinci Xi* has broader capabilities than earlier generations, including new overhead architecture that allows highly complex, multi-quadrant surgery and simpler, single-quadrant surgery. Such surgeries can now be performed without repositioning the system, a feature long requested by practicing surgeons. Specific improvements to the core system include:

- A new overhead instrument arm architecture designed to facilitate anatomical access from virtually any position.
- A new endoscope digital architecture that creates a simpler, more compact design with improved visual definition and clarity.
- The ability to attach the endoscope to any arm, providing flexibility for visualizing the surgical site.
- Smaller, thinner arms with newly designed joints that offer a greater range of motion.
- Longer instrument shafts that give surgeons greater operative reach.



## History of Robotics at Covenant HealthCare

### 2009

Purchased its first S robot which was used by 11 trained surgeons.

### 2011

Purchased the Si system.

### 2013

Traded the S robot for a second Si.

### 2015

25 surgeons trained or being trained.

Purchased the Xi system and completed the first case in November, with **70** cases performed to date.

Key benefits of this technology include:

- Provides more opportunities for patients to have additional procedures performed via a minimally invasive approach.
- Offers top-of-the-line technology and visualization capabilities to surgeons and their surgical staff.
- Further decreases patient time under anesthesia and overall case length because of its advanced technology.

## The Robotics Trend

The choice of robotics over traditional surgical methods will always depend on the situation, and there is a place for both. That said, it is critical for healthcare institutions and surgeons to stay in step with technology advances in order to provide the best possible care to patients today and in the future. Covenant HealthCare is no exception and continues to grow its capabilities.

Today, Covenant is averaging up to 120 cases per robot per quarter – mostly with gynecological and general surgeries. This is nearly twice the national average – putting Covenant at the top 1% of hospitals nationwide for robotic volume. By the third quarter of 2015, over 3,500 surgeries were performed – the most of any hospital in the region. Covenant continues to evaluate the addition of robotic technology applications as advanced techniques become available, including hepato-pancreatico-biliary, thoracic and colorectal surgeries, to name a few.

Going forward, it will be critical to ensure best practices as the robotics field grows. This includes improvements in turnover, communications, staff development, acceptance and outcomes. It also includes ensuring that surgeons continue to match the best surgical approach – which may not always be *da Vinci* – to the patient's situation and needs.

*For more information, contact John Germain at 989.583.4674 or [jgermain@chs-mi.com](mailto:jgermain@chs-mi.com).*



## Life with MyChart® and OpenNotes

GUEST AUTHOR

Dr. Jorge Plasencia, Family Medicine Practice



If you have not yet implemented MyChart® or OpenNotes, you could be missing out on a great way to improve healthcare quality and efficiency along with patient loyalty. MyChart, for example, is proving to be a highly versatile patient portal that is simple, convenient and empowering to physicians and patients alike – one that gives new meaning to patient-centered care.

### MyChart Benefits

With Epic’s MyChart, patients benefit from the ability to:

- Securely access the same chart, 24/7, used by their physicians.
- Monitor their health information, medications, growth charts and test results.
- More efficiently make appointments.
- More easily communicate with the office about non-urgent medical needs.
- Renew prescriptions faster.
- Reduce healthcare costs by avoiding urgent care facilities.

Physicians benefit from similar efficiencies, in addition to:

- Fewer calls to the office that can tie up staff (up to 60% less per Novant Health).
- Fewer calls that are put on hold or result in non-productive telephone tag.
- Fewer interruptions to the clinician’s busy day.
- Improved connectivity with patients.
- Faster patient education in one click, by pasting a link into a group message (e.g., Choosing Wisely® recommendations, flu shot reminders).
- Improved perceptions of their healthcare team.

### OpenNotes Benefits

Amazingly, up to 80% of the medical information we verbally share with patients is forgotten immediately. This is frustrating for patients and physicians alike. It’s also one reason why OpenNotes, a national initiative to “put patients and clinicians on the same page,” is growing in popularity and is now used by more than five million Americans. It allows subscribers, including MyChart users, to confidentially access their physicians’ and clinicians’ progress notes from office or hospital visits, providing even greater transparency and patient engagement.

Studies show that by reading their physician’s notes, patients can contribute to better outcomes and lower costs.

They can, for example:

- Feel more in control of their care.
- Better recall their visit and care plan, and prepare for the next appointment.
- Improve compliance with medications as prescribed.
- Better manage chronic conditions, such as asthma and diabetes.
- Potentially reduce medical errors by improving care plan clarity.
- Share notes with their family and caregivers to optimize care and understanding.

### Getting On Board

The novelist Walter Scott once said, “For success, attitude is equally as important as ability.”

While some physicians are uncomfortable with MyChart and especially OpenNotes, it is probably time to accept the fact that medicine is changing and we need to keep pace, lest we be left behind. Advances in communications technology are connecting us in ways that continue to astonish, opening a new era of telemedicine. With this, patients are demanding faster access to healthcare information from the comfort of their homes and on the open road via laptops and mobile phones.

While some physicians are understandably concerned about being overwhelmed with patient questions, or about creating worry and confusion, the opposite is usually the case. Participating physicians generally report improved efficiency, quality, safety and patient satisfaction instead (see table on page 11).

Indeed, tools such as MyChart and OpenNotes are marching from the realm of possibility to a firm reality, with many patients selecting or switching to providers who offer these capabilities. Such providers are often viewed as more flexible, innovative and collaborative, positioning them – and their patients – for future success.

**Using MyChart significantly reduces time-consuming phone calls:**

- Novant Health reports a 60% drop in phone calls.
- Communicating with patients through secure messages reduces phone calls to the clinic, eliminates phone tag and reduces interruptions to clinicians.
- Avoids “Please hold, your call will be taken in the order...”

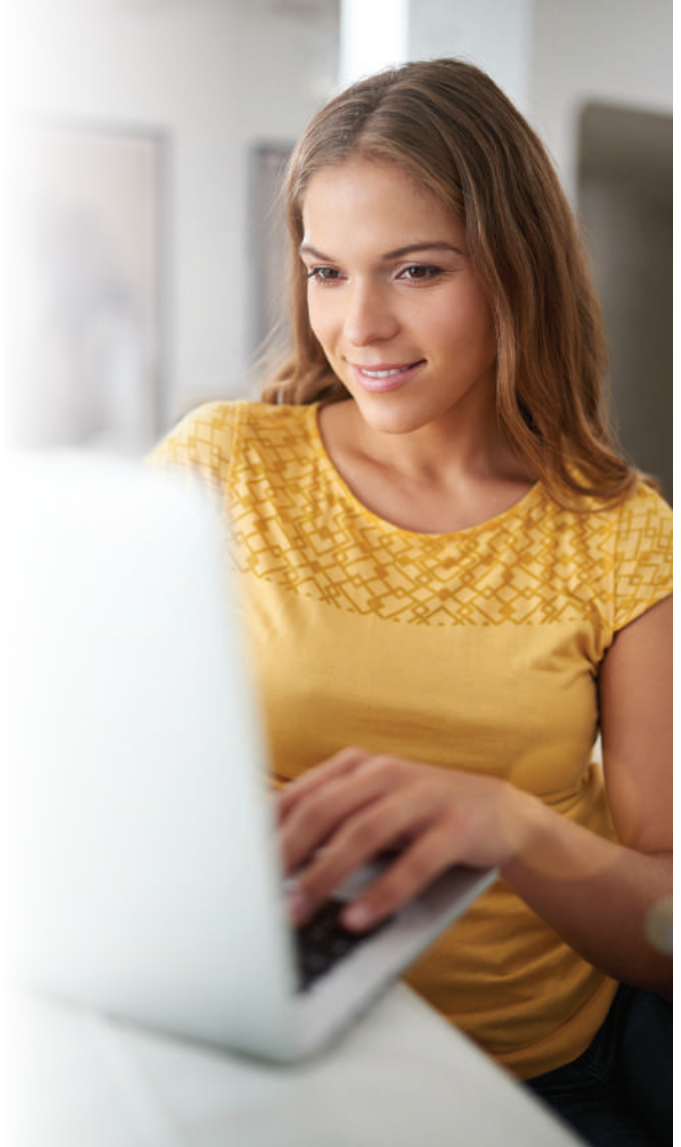
## Case Study: Reaping Value

The Plasencia Family Practice implemented MyChart and OpenNotes in 2013. Since then, it has noticed a significant improvement in efficiency, patient satisfaction and proactive patient engagement.

A few examples include:

- Staff received only four telephone encounters about patient health versus 185 MyChart message encounters. This gave staff the time to formulate a quality response, usually within 24 hours, and demonstrates the preference of patients to use this portal.
- Staff can send MyChart patients a link to preventive health information in just two to three minutes versus hours using previous methods, improving productivity and outreach.
- An elderly patient may have saved her own life. She thought her cardiologist put her on three statins, but after reviewing her chart, she wasn't sure and using MyChart contacted Dr. Plasencia for clarity. The misunderstanding was cleared up and a potentially fatal error was avoided.
- Patients are notably taking better care of themselves, with one saying, "Knowledge is power, but the ability to act on that knowledge is even more powerful."

For more information, contact Dr. Plasencia at 989.791.3401 or [jplasencia1959@gmail.com](mailto:jplasencia1959@gmail.com).



### MYCHART VS TELEPHONE ENCOUNTERS AT PLASENCIA FAMILY PRACTICE

Age	Telephone Encounters	MyChart Encounters	% Telephone	% MyChart	TOTAL ENCOUNTERS
0-17	0	3	0.00%	100%	3
18-30	1	20	4.76%	95.24%	21
31-40	1	28	3.45%	96.55%	29
41-50	0	47	0.00%	100%	47
51-60	1	47	2.08%	97.92%	48
61-70	0	30	0.00%	100%	30
71-80	1	8	11.11%	88.89%	9
81-90	0	2	0.00%	100%	2
<b>TOTAL</b>	<b>4</b>	<b>185</b>	<b>2.675%</b>	<b>97.325%</b>	<b>189</b>



## How YOU Can Improve the Patient Experience

GUEST AUTHORS

Christin Tenbusch, Patient Experience Administrator and Heather Collins, CPE Program Manager

We all know that a positive attitude is critical to healing. Patient engagement is directly correlated to attitude, and thus has a huge impact on health outcomes and hospital success. In fact, hospitals that implement patient and family engagement techniques have seen a 62% reduction in medical errors, a 40% reduction in falls and a 50% decrease in length of stay<sup>1</sup>. This, in turn, can reduce readmissions, improve quality and safety, decrease malpractice issues, and improve CAHPS survey scores and related reimbursement.

These are just a few reasons why Covenant HealthCare is patient-centered, with many programs and techniques focused on improving the patient experience. Several programs have been summarized in previous issues of *The Covenant Chart*, but below are two more approaches that can help physicians make an even bigger difference: personal coaching and cultural competence.

### Get Coached by a Pro

– Christin Tenbusch

Patient satisfaction and engagement is directly related to the way physicians interact with their patients. The level of empathy and time physicians spend with patients elevates the patient's confidence and adherence to medical treatment plans. Techniques like teach-back, active listening and explaining the medical situation in layperson terms are essential to the process – but do physicians remember to do all that?

Sometimes it helps to have a personal shadow – a fly on the wall to observe without judging. Since last September, the Patient Experience Office at Covenant HealthCare started a Personal Physician Coaching program to help physicians see what they are doing great, and what they can do better.

Here's how it works:

- The physician calls the Patient Experience Office to arrange an appointment, including a day for shadowing.
- The Personal Physician Coach spends a few hours with the physician, following him or her on at least five patient visits to factor in different situations.
- The Coach stays out of the way, simply observing each interaction.
- The Coach uses a criteria checklist to assess the interaction, looking for behaviors like positive phrases, listening skills, empathy skills, eye contact, repetition, inclusion of the patient in decisions, collaboration with the patient, response to a patient's body language, inclusion of family members – and more.
- After the visit and outside of the room, the Coach meets with the physician to formally review the observations and get constructive coaching. It is not about what is being done wrong, but rather about what behaviors to continue and what to improve, along with three recommendations on the best areas for improvement.
- The Coach can follow up in three months with another shadowing appointment to observe progress on those three recommendations.

Covenant has many wonderful providers who want to excel with patients but are unsure where they stand. Personal coaching offers an objective opinion. The program is currently offered to employed physicians and independent physicians at the hospital. Coaching resources are limited to just one coach at this time, but can extend to both day and night shifts. If you are interested, call now to give it a try!

*For more information or to arrange an appointment, contact Christin Tenbusch at 989.583.7491 or [ctenbusch@chs-mi.com](mailto:ctenbusch@chs-mi.com).*



### My Shadowing Experience

“It was a very good experience. It gave me real and live feedback about my performance with the patients and the staff. This granted me a feeling of confidence about the right things that I am doing and innovation for self-correction about things that I should avoid. It is also an easy way to improve our communication skills, professionalism and quality of care. We should do it again and again.”

– Ameer Abdulrazzak, MD

## Build Lasting, Cultural Bridges

– Heather Collins

According to the U.S. Census Bureau, 35% of America’s population will consist of ethnic minorities by 2020, and that number is expected to grow. This means that healthcare professionals must engage with a growing complexity of cultures comprised of different socio-economic levels, ethnic backgrounds, languages, religions, customs, values, education, sexual orientation, gender and age.

The ability to bridge different cultures can have a profound impact on the patient’s recovery, because each person – depending on their background – holds different beliefs and attitudes about healthcare practices and treatment. Whenever possible, taking a step back to understand the cultural context of each patient will help improve communications and trust, which in turn will enhance diagnosis, treatment compliance and outcomes.

### Listening and Learning

Several starting strategies are designed to help healthcare professionals become more culturally competent; **please read the sidebar on page 15**. Success takes time, commitment and experience and above all, the willingness to listen to the patient’s story. Ultimately, this will influence the best course of treatment – one that aligns with the patient’s beliefs.

Consider these examples:

- A man was admitted to a Level 1 trauma hospital after a serious car accident, including a head injury. He was a Sikh, which is a faith founded in the Punjab Region of India in the middle ages. The medical team took a step back to research his religion and discovered that shaving his head had cultural ramifications. The team consequently decided to break with protocol as the injury was not severe enough to require it. They were able to proceed with treatment and the patient was very satisfied as a result.
- A mother, who was from Africa, was being transported to the hospital with her young child. During transport, the nurse admonished the mother for bringing her child to the hospital. The mother felt belittled, judged and worried because in her culture, you did not leave children with strangers. Listening to her concerns helped resolve the situation.
- A Jehovah’s Witness said that blood transfusions were not an option; she would rather die. By respecting her choice and asking the right questions, the physician learned that she would accept certain derivatives of primary blood components. While not optimum, she was referred to a blood transfusion alternative center for treatment.

### Self-Reflection

We all hail from different backgrounds, and as such, we all come to the healthcare profession with pre-existing perceptions. The human mind is wired to subconsciously apply those preconceptions to the environment in which we live and work. Unfortunately, this can cause even the best of us to make assumptions or pass judgment – unless we work hard to keep an open mind.

A little self-reflection helps. Hold up the mirror and think about the culture in which you grew up and how it differs from other cultures. Ask about the non-traditional medical



### Did You Know?

- Words only account for 7% of communications. A massive 93% of what we “hear” is through body language and tone of voice.
- Patient and family engagement is shown to improve patient outcomes in addition to a hospital’s quality and safety scores, financial performance, CAHPS hospital survey scores, competitiveness, and employee satisfaction and retention.
- Patient and family engagement is shown to lower costs by reducing litigation and malpractice claims, and reducing readmissions, length of stay and waste.<sup>2</sup>

therapies “prescribed” by your family members. Think about “taboos” that cause problems. Consider the family dynamics in decision-making. Look at the religious and economic factors that affect healthcare choices. And last but not least, ask what honestly bothers you about other cultures – and if you are being fair.

The point is to see that we all have needs and expectations that are both similar and different. None are right or wrong, but all are important and warrant our respect.

### Summary

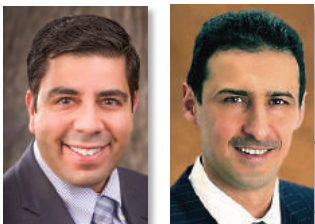
Cultural diversity can be challenging, yes, especially when the medical world collides with cultural expectations. However, cultural diversity is also exciting and interesting, adding a vitality and reality to the fabric of life. By building cultural bridges, we can create a healthier community and deliver a higher quality of care to people from all walks of life.

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*Continued on page 15*

<sup>1</sup> Agency for HealthCare Research and Quality, “How Patient and Family Engagement Benefits Your Hospital,” Web, 13 July 2015.

<sup>2</sup> Guide to Patient and Family Engagement



## New Ways to Tackle Chronic Venous Insufficiency

GUEST AUTHORS

Dr. Loai Marouf and Dr. Firas Alani, Cardiologists, Covenant Cardiology

Patients suffering from varicose or spider veins may have, or be at risk for, chronic venous insufficiency (CVI), a more serious form of venous disease that includes leg pain, swelling, skin damage and ulcers. New ways to prevent or treat CVI, including more thorough screening and high-tech treatments, can help improve outcomes.

### CVI Issues

Varicose veins are not just a cosmetic issue. Left untreated, they can progress to CVI over time. Unfortunately, CVI is often under-recognized and initially treated with diuretics, such as Furosemide (Lasix) to reduce fluid retention and edema. This response alone, however, is just a band-aid approach as it is not treating the underlying cause and can lead to more serious health complications.

### Proactive Screening

When patients present with varicose veins and/or leg pain, physicians should take a more thorough screening approach to diagnose the problem and determine treatment. Consequently, in addition to a physical exam, patients should also undergo an arterial circulation screen and a comprehensive venous screen – both of which are covered by insurance. For example, performing a deep vein thrombosis (DVT) ultrasound can reveal blood clot issues that physicians can proactively address before they worsen.

### Varicose Vein Treatments

The treatment goal for varicose veins is to relieve symptoms of CVI. This includes reducing swelling and preventing skin infections and ulcers. The first-line approach continues to be conservative measures like prescribing compression stockings for a minimum of three months, propping the legs up and getting some walking exercise.

If these conservative treatments fail, insurance will cover the next level of treatment since varicose veins can progress to CVI. Note that spider veins, however, are not covered as they are considered a nonthreatening, cosmetic issue.

For many years, the standard treatment for varicose veins was vein ligation and stripping, which looking back, was quite barbaric. It required physicians to cut into the skin and pull out the problem veins, which caused significant pain, trauma and recovery time. Today, endovenous thermal ablation, both radiofrequency (RF) and laser, are leading the way.

### New Venefit™ Procedure Offers Fast Vein Relief

- Minimally-invasive and nonsurgical
- Short, outpatient procedure
- Local anesthesia
- Minimal pain and bruising
- Little to no scarring
- Fast return to normal activities (1-2 days)
- Long-lasting relief from symptoms

### New Venefit™ Procedure

The Venefit™ procedure is a newer, minimally-invasive technique that uses RF waves to send intense local heat to the affected vein via a catheter. This nonsurgical treatment closes off the problem veins but leaves them in place so there is minimal bleeding and bruising. Over time, the vein is completely absorbed into the surrounding tissue.

- When compared to stripping, studies show that patients treated with the Venefit procedure experience less pain, minimal discomfort, little to no scarring, a faster return to normal activities and similar or better cosmetic results.



## Starting Strategies for Gaining Cultural Competence<sup>3</sup>

- Learn about the cultural traditions of the patients you care for, in advance of your first meeting if possible.
- Allow sufficient time to listen to your patient's "story," including life events and cultural needs.
- Pay close attention to non-verbal cues including body language, lack of response and expressions of anxiety that may signal conflict or hesitation.
- Ask the patient and family open-ended questions to gain more information about their healthcare assumptions and expectations, along with any nontraditional approaches they may have tried and cultural restrictions to treatment.
- Ask about their home environment and support to better understand family dynamics and economic factors.
- Seek to understand the causes of illness from the person's cultural point of view.
- Be open-minded and avoid assumptions or stereotypes. Treat each patient as genuine and unique.
- Ask the patient about the preferred way to facilitate communication within families and between them and other healthcare providers.
- Remain nonjudgmental when given information that reflects values that differ from yours, including superstitions and use of nontraditional therapies.
- Always be curious. Seek additional information through research and training.
- Conduct some self-examination to better understand how your background differs from others.



- When compared to laser ablation, significantly less heat is needed, so there is less bleeding and bruising.
- It is a short, 30- to 60-minute outpatient procedure that requires only local anesthesia, reducing treatment costs.

For these reasons, the Venefit procedure is gaining in popularity, but only for patients who qualify and who do not have a history of prior vein stripping or blood clots.

## Summary

When patients present with varicose or spider veins, physicians should take the time to make a thorough diagnosis using proactive screening. They should then refer the patient to a vein specialist to determine the best course of treatment and if they are a Venefit procedure candidate.

Trained vein specialists at Covenant HealthCare have been using the Venefit procedure for nearly two years, with excellent success in dozens of patients. As part of Covenant's cardiovascular system toolkit, this procedure is considered a natural extension for treating CVI and other vascular conditions.

For more information, contact Dr. Marouf or Dr. Alani at 989.497.9395, or at [lmarouf@chs-mi.com](mailto:lmarouf@chs-mi.com) and [falani@chs-mi.com](mailto:falani@chs-mi.com).

<sup>3</sup>Strategies reflect input from author in addition to information from <http://www.euromedinfo.eu/how-culture-influences-health-beliefs.html/> and [http://www.adultmeducation.com/socialandeconomicfactors\\_4.html](http://www.adultmeducation.com/socialandeconomicfactors_4.html).

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## Pre-Surgery Tips for Post-Surgery Healing

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There is a growing trend across the nation to enhance the immune systems of patients before major surgery, in order to promote healing, prevent complications and shorten hospital stays after surgery. While many surgeons are implementing a “pre-surgery health optimization” plan as part their surgical wellness approach, there is still some lack of awareness.

Pre-surgery health optimization includes four key components: awareness, nutrition, exercise and lifestyle.

- **Awareness:** Well in advance of the surgery, surgeons should explain to patients the important role that proactive nutrition and exercise play in their healing process, and how it can prevent infection and other complications. It is recommended to include this topic in pre-surgical orientation meetings with patients, including family members. General physicians can reinforce this point with patients scheduled for major surgery.
- **Nutrition:** Surgery can put catabolic stress on a patient, triggering inflammation response, nutrient depletion and an impaired immune response. Therefore, at least seven days prior to surgery, patients should take a nutritional supplement such as Impact<sup>®</sup>, Boost<sup>®</sup> or for diabetics, Glucerna<sup>®</sup>. Patients should drink three cans per day for five consecutive days prior to the date of surgery, on top of antioxidant-rich meals. The supplements will boost protein storage. As we all know, healing breaks down protein so building an excess of protein in advance can help ensure a

continuous healing process. Offices can buy these supplements in bulk, offering them “at cost” to patients to help them save money. Patients can also access creative recipes online for supplements, to add a little variety to their diet.

- **Exercise:** At least three weeks in advance of surgery (if possible), qualified patients should start a walking program for 30 minutes each day. This, along with deep breathing exercises, will help improve lung performance. When you consider the stresses that major surgery places on the body, including increased oxygen demand, this is critical.
- **Lifestyle:** Smoking cessation at least three weeks in advance of surgery will also help prevent lung complications. Note that cessation just five days in advance is actually worse than no cessation, as the lung secretions are thicker at the onset of quitting and could cause airway difficulties. Cessation three weeks in advance, however, gives the lungs – and patient – more time to adjust.

Explaining and prescribing the above program to patients only adds about 10-15 minutes to your presurgical meeting, and should be considered integral to the continuum of care. There is absolutely nothing to lose and *everything* to gain.

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