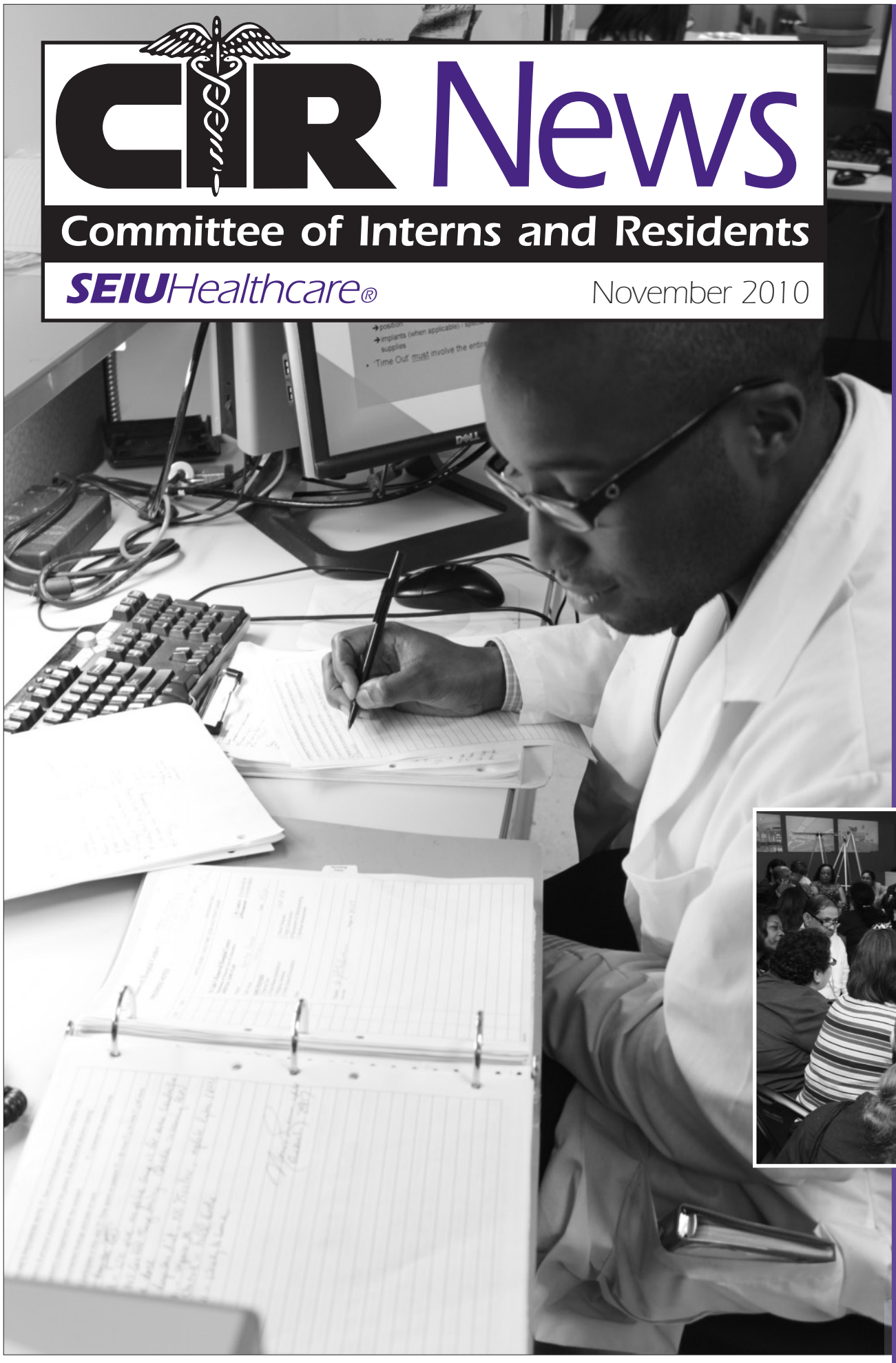
CIR News

Committee of Interns and Residents

SEIUHealthcare®

November 2010



Working Smarter, Safer and More Efficiently

CIR Physicians Must Pave the Way

HHC Patient Safety Conference: page 4

Late-Breaking News!

Innovative CIR contract at Maimonides Medical Center establishes quality improvement incentive program and fellowship.

Visit www.cirseiu.org

CIR med SEIU NEWS

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PRESIDENT'S REPORT

FARBOD RAISZADEH, MD, PHD

Why Our Hospitals Need Us to Play a Role in Quality Improvement Projects

Over the last two years it has become increasingly obvious that the practice of medicine in the United States is undergoing a deep and rapid transformation. Passage of the Affordable Care Act (the centerpiece of health care reform), the increasing focus on cost control, and the transformative power of new technologies in medicine and IT mean that the physician of tomorrow will function in a world that looks very different from today's.

As resident physicians, how do we respond to these changes? This has been a big topic of conversation at CIR meetings — most recently at the Northeast Regional Meeting in New York and the Western Regional Meeting in Los Angeles. There is a growing shared understanding among CIR leaders at different hospitals that these changes are coming and we, the frontline providers of care in different fields, can make a real difference in how the new initiatives are translated into actions in our hospitals.

As an example, let's look at the issue of prevention of hospital-acquired infections. On October 7, CIR co-sponsored a meeting on this topic in collaboration with New York City's Health and Hospitals Corporation, the largest municipal healthcare organization in the country.

In attendance were attending physicians, residents, interns, nurses, ancillary staff, and administrators and managers of different units at all 11 HHC hospitals. As was evident in many of the conversations and presentations, teamwork is the key word in efforts to optimize the function of large hospital systems, and residents are key focal players that will make or break such attempts at quality improvement.

Residents, by virtue of our role as the frontline providers of care and the staff with the most patient contact — both in quantity and quality — have an intimate and unmatchable knowledge of the operations of the hospital and of the needs of patients. We have to find ways to share this information with change-makers and administrators in our hospitals.

If you have experience in this area or ideas about quality improvement in your institution, please email me at fraiszadeh@cirseiu.org. I look forward to continuing this conversation.

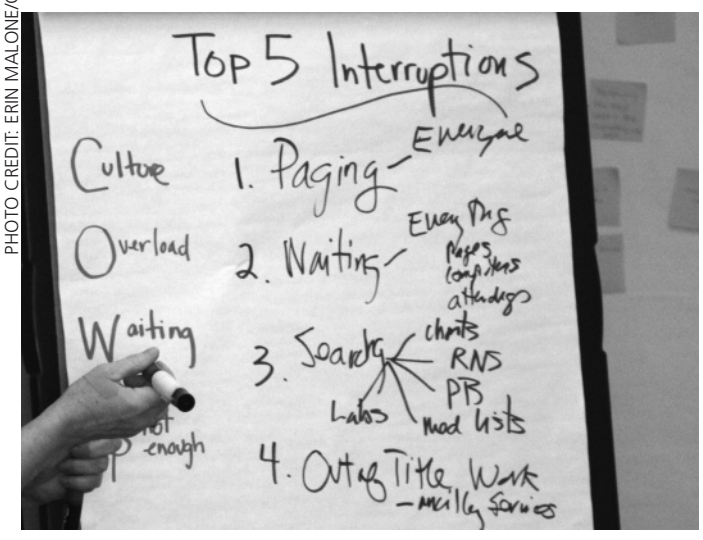
Innovators in Quality Improvement: Case Studies

Health care delivery reform includes important cost controls that will soon begin to reimburse hospitals based on the quality of care they deliver rather than the quantity of care.

This will have major implications for residents and the hospitals that employ them. CIR is anticipating the challenges and opportunities that these will bring. At a one-day Northeast Regional CIR meeting held in New York City on September 11, residents learned about several examples of programs where housestaff and hospital management are working together to improve patient outcomes.

At **UCSF**, Dr. Arpana Vidyarthi, Director of Patient Safety and Quality Innovations (and a CIR leader from Cambridge Hospital), started the Housestaff Incentive Program to involve residents much more integrally in hospital quality improvement efforts. The program provides direct financial "bonuses" to clinical housestaff based on achieving quality and operational goals which are linked to achieving excellence in patient care. UCSF budgets over $1 million for the housestaff incentive program and sees a substantial return on its investment, such as reduced clinic waits, improvements in operating room start times, and reduced hospital-acquired infections.

PHOTO CREDIT: ERIN MALONE/CIR



Residents at the Northeast Regional Meeting identified the sources of their most frequent interruptions.

Payment is based on achievement of three goals, at a rate of $400 each for a maximum incentive payment of $1,200. For more information on departmental and hospital-wide goals, visit medschool.ucsf.edu/gme/residents/incentives.html.

At **Boston Medical Center**, residents identified problems with the implementation of a text-paging program and participated in a multi-disciplinary focus group to find solutions. The focus group resulted in some new practices and increased the number of text pages instead of numeric pages overall. The next step is a move to have staff capture the appropriate pager number in the patient's electronic medical record.

At **Cambridge Health Alliance**, patient satisfaction scores on two Med-Surg floors at Cambridge Health Alliance were very low, according to most indicators surveyed. Staff satisfaction scores were similar. Staff described a significant number of core processes of care as "totally broken." Staff formed two Improvement Teams to work on "micro" care delivery system problems. Participants included residents, attendings, nurses, case management, social work, physician assistants, information technology, houseskeeping, and pharmacy. One team focused on improving the experience of patients being admitted, and the second sought to improve multidisciplinary communication with patients and families in the discharge process.

Residents at numerous CIR hospitals are involved in quality improvement and patient safety projects. Visit http://cir.seiu.org/policy to find a resource guide for residents and to share your experience with quality improvement initiatives at your hospital.

IN BRIEF

Residents Make Contract Gains; Prepare for Changes

At a time when most health care systems are facing major financial challenges, CIR residents across the country persevered in difficult negotiations and came away with significant gains.

Cambridge Health Alliance

Cambridge residents negotiated a 2.5% salary increase (effective January 2011), up to $650 towards the cost of licensing exams, a 403(b) retirement plan with employer contributions, emergency child care services and guaranteed on-site parking for all housestaff. The administration also agreed to establish a work hours committee to examine ways to redesign training.

Hoboken Medical Center

CIR members at **Hoboken University Medical Center** successfully negotiated a new contract directly with the hospital after UMDNJ ceased to be the sponsoring institution. The one-year agreement preserves the gains from the previous UMDNJ contract and adds moonlighting language and the CIR benefits plan at no cost to the residents. This is the first hospital in NJ to participate in the plan.

New Contracts Ratified at California Hospitals

Residents at **Kern Medical Center (KMC)** in Bakersfield, CA will now have funding for national conferences and will be reimbursed for per diem expenses, mileage, and housing for non-elective outside rotations, thanks to a new contract.

The two-year agreement, ratified overwhelmingly on July 30, 2010, also preserves salary and health benefits and ensures access to free scrubs, yearly security walk-throughs, and job security in the case of KMC or program closure. The contract victory comes after Kern residents decided to organize as a CIR chapter in the fall of 2009.

Residents at **Children's Hospital & Research Center Oakland (CHRCO)** overwhelming ratified their second CIR contract for a new three-year agreement. Highlights of the contract include PALS re-certification at no cost to the resident physician, increases to the meal allowance each year of the agreement, and salary increases of 3.5% in 2010, and 2.75% in 2011 and 2012.

At **Sutter Medical Center of Santa Rosa**, residents ratified on July 29 a new three-year contract guaranteeing them salary increases over the next three years, increases of $200 to the relocation bonus and $300 to the education allowance, savings on health insurance, and an increase in the chief stipend. They were also able to preserve the "sick hit fund," which will cover the $40 an hour residents are paid when they're called in to cover for an unscheduled absence.

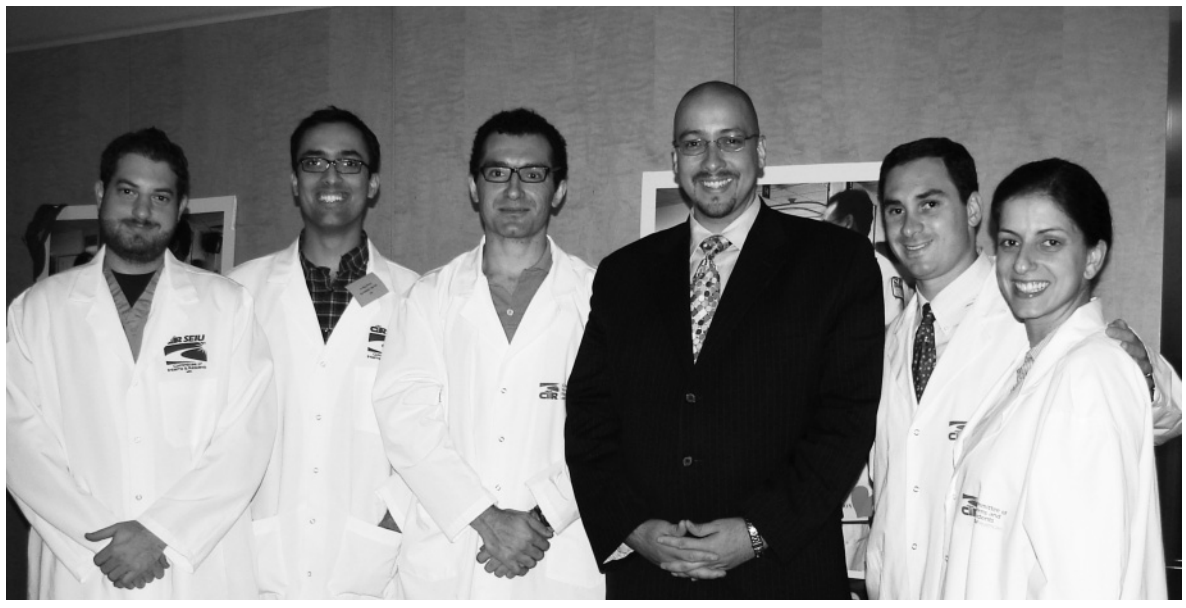


PHOTO CREDIT: HEATHER APPEL/CIR

From left: Drs. Ian Wittman, Bijay Acharya, Farbod Raiszadeh, State Senator-elect Gustavo Rivera, Drs. Greg Dodell and Sepideh Sedgh

CIR Members Hit the Streets for Victorious NY State Senate Candidate

After a long and careful process, CIR's New York delegates decided to endorse Gustavo Rivera in his primary race against incumbent Pedro Espada for the 33rd State Senate seat in the Bronx.

The 33rd Senatorial District includes St. Barnabas Hospital, where residents have been fighting to join CIR for two years, and Bronx-Lebanon Hospital Center, a strong CIR chapter entering contract negotiations this fall.

CIR members stood next to Mr. Rivera as he announced his "Health Care For All" platform and pledged to improve community health care and preventative services in the Bronx. Residents volunteered to phonebank and doorknock in the district to reach out to voters. Mr. Rivera won the Democratic primary on September 14 with 62 percent of the vote.

New Mexico CIR Leader Addresses Children's Health Insurance

On the day before the six-month anniversary of the enactment of the Patient Protection and Affordable Care Act, UNM pediatrics resident Dr. Nate Link joined policymakers, patients, and advocates at a press event to explain what the reforms would mean to physicians and their patients. Dr. Link focused on a new provision that children may no longer be denied insurance coverage because of pre-existing conditions.

Residents Learn Campaign Strategy at LA Training

On September 25, 60 CIR residents from Northern and Southern California, New Mexico, and resident physician guests from the University of Washington attended the seventh annual CIR Western Regional Meeting.

Residents participated in a dynamic program to help understand the economic climate within which CIR operates and to gain new leadership and negotiating skills. They heard from Barb Maynard, an expert researcher and advisor to the Los Angeles County Coalition of Unions, who spoke about the economic climate and forecast in the region, and Jim Araby, organizer for the California Teachers Association, who gave a training on strategizing for campaigns.

Connie Leyva, President of the California Labor Federation and the United Food and Commercial Workers Union, presented an award to Kern Medical Center residents who just ratified their first union contract and formally joined CIR in September 2010.

After hearing the speakers, residents participated in a workshop to gain skills in contract enforcement and running efficient labor-management meetings. CIR leaders, along with staff, role-played key hospital decision-makers, as residents learned to implement their strategy training from earlier in the day by meeting with said decision-makers in order to get hospital issues resolved. Then, residents and leaders participated in true-to-life, but often very funny, mock labor-management meetings.

Work Smart Tool Kit Helps Residency Programs Adapt to New ACGME Rules

Teaching hospitals and residency programs across the country will soon be scrambling to implement the new ACGME work hour rules that will go into effect July 1, 2011. To help provide residents the tools to participate in discussions at their hospitals, CIR created a tool kit that draws on best practices from programs that have redesigned their schedules in innovative ways.

The Work Smart Tool Kit includes:

- A checklist to help ensure successful work re-design implementation
- 20 best practices from residency programs across the country, with specific details and residency program contact information
- A list of additional resources to get started

Visit http://cir.seiu.org/policy to find an electronic version of the tool kit.

Six Months After Health Care Reform: What's in Place and What's to Come

It's hard to believe, but it's been six months since Congress passed and President Obama signed the Affordable Care Act. Although the full extent of health reform will take years to implement, much has already been put in place.

Consider this a handy reference for when your patients have questions — or when you do! For more information on how the American health system is changing, go to http://cir.seiu.org/healthreform. If patients are unclear as to whether they qualify for any of these new programs, you can suggest they go to www.healthcare.gov.

Changes to insurance regulations

Applies to all ***NEW*** insurance plans sold on or after September 23, 2010:

- Young adults must be allowed to remain a dependent on their parents' plan until the age of 26
- Greatly restricts the ability of insurance plans to have annual benefit limits (limits are phased out entirely in 2014)
- Insurance plans must cover recommended preventative care and immunizations with no cost-sharing (co-pays, deductibles, etc.)

Applies to all health insurance plans as of September 23, 2010:

- No child can be denied coverage or care because of a pre-existing condition
- Insurance companies cannot rescind coverage for any reason other than fraud
- No insurance plan can have a lifetime benefit limit
- Department of Health and Human Services establishes annual review of unreasonable premium increases
- No prior approval required for Emergency Room or OB/GYN care

New programs for employers and patients

- Small businesses with fewer than 25 employees are eligible to apply for a tax subsidy to pay for up to 35% of health insurance premiums
- Medicare patients who reach the Medicare Part D prescription drug "donut hole" automatically receive a rebate for $250
- Eliminates cost-sharing (co-pays) for preventative services under Medicare
- New government-sponsored Pre-Existing Condition Insurance Plan will be available in every state for those who have been denied coverage in the past six months
- Launch of a new website — www.healthcare.gov — for those without insurance to find all public and private plans available based on their specific circumstances

New benefits for health care workforce

- Expanded funding available for scholarships and loan repayments to primary care physicians through the National Health Service Corps
- Physicians may deduct loan payments made to state-issued student loans from their personal income tax
- Many additional low-interest student loans and scholarships are available through the Department of HHS for primary care and general surgery healthcare workers
- Unused residency slots are redistributed to hospitals in need, with first preference going to primary care
- Department of HHS establishes an independent National Health Care Workforce Commission
- Expanded funding for community health centers
- New screening measures to weed out waste, fraud, and abuse in Medicare and Medicaid, with $250 million in additional funding
- A new Prevention and Public Health Investment Fund increases national investment in smoking cessation, anti-obesity, breast cancer screening and other underfunded public health priorities
- Increased funding for Health IT and comparative effectiveness research

Coming on January 1, 2011

- Major change forcing health insurance plans to spend more on patient care: all employer sponsored insurance required to have a medical loss ratio (MLR) of 85% or higher; all individual and small business plans required to have an MLR of 80% or higher
- Medicare patients who reach the Medicare Part D prescription drug "donut hole" receive a 50% rebate on their prescription drugs (value of rebate will increase each year)
- Every Medicare patient will be entitled to an annual wellness visit with no co-pay
- 10% bonus payment in Medicare for all primary care physicians nationwide and general surgeons practicing in a health resource shortage area

"This conference allowed us to see how we could all really work together — really take on a project and watch as we improve it and increase patient safety." ***— Dr. Kathir Palanisamy, Internal Medicine Chief Resident, Bellevue Hospital Center***

Patient Safety Conference Stresses Teamwork in Fight to Stop Hospital-Acquired Infections

NYC Health and Hospitals Corporation and CIR collaborated in 2008 and 2009 to host highly successful one-day conferences to improve teamwork and communication skills. But 2010's effort topped the charts.

This year HHC and CIR were joined by union leaders representing support staff and PAs (DC 37, AFSCME), attendings (Doctors Council), Environmental Services staff (DC 37), and LPNs (1199SEIU). The conference attracted a crowd of close to 250 health care workers and administrators from HHC's 11 acute care hospitals. The conference —"Improving Patient Safety and Reducing Infections through Effective Teamwork and Communication" — took place on October 7 at Bellevue Hospital Center.

PHOTO CREDIT: ERIN MALONE/CIR

Lincoln Hospital residents and colleagues with Mei Kong, RN, MSN, Senior Director for Patient Safety

The theme was inspired by keynote speaker Dr. Richard Shannon, Chair of Medicine at the University of Pennsylvania Health System and a nationally recognized leader in patient safety. Dr. Shannon stresses that all members of the health care team, from nurses and physicians to ward clerks and housekeepers, need to be involved in improving patient safety because all have valuable contributions to make to that effort. In keeping with that belief, conference organizers invited representative members of an inpatient unit (medical or surgical) from each HHC hospital to attend, along with those hospitals' administrative staff, e.g. the chief operating officer, medical and nursing directors, and patient safety officer.

Participants were welcomed by HHC President and CEO Alan Aviles and CIR President Dr. Farbod Raiszadeh. Dr. Edmund Giegerich, Medical Director at Coney Island Hospital, reviewed the devastating effects to patients of hospital-acquired infections, and Caroline Jacobs, Senior Vice President for Patient Safety, discussed HHC's ongoing efforts to reduce infections.

Pediatric resident Elaine Carrasco and Associate Director of Nursing Evelyn Montecer from Lincoln Hospital then led the group in a review of important skills to empower all health care providers to speak up when patient safety is at stake.

Dr. Shannon's keynote galvanized the crowd and kicked off an afternoon breakout session, organized by hospital, in which the inpatient teams determined what project they wanted to tackle upon their return to work and what they hoped to accomplish in the next three, six and 12-month intervals.