On January 31, The Centers for Medicare and Medicaid Services (CMS), the federal government agency responsible for administering Medicare, announced that SUNY Downstate has been selected to participate in Model 2 of the Bundled Payment for Care Improvement (BPCI) initiative.

BPCI is a new Medicare program that seeks to improve care by closely coordinating the services Medicare patients receive, both while in the hospital and after discharge. It is part of the government’s strategy to move away from fee-for-service payments toward risk-based payment arrangements and to hold providers of care responsible for both the cost and the quality of care delivered.

Downstate is the only hospital in Brooklyn testing Model 2, one of four bundled care pilots Medicare is testing.

Called Value Based Purchasing, these new initiatives are part of the Patient Protection and Affordable Care Act. The bundled payment program pays a single rate for a patient’s entire “episode of care,” and requires regular reporting of patient outcomes. This single payment includes a discount to the Medicare program of 2 to 3 percent and covers all of the care from the time a patient enters the hospital until 90 days after the patient has been discharged.

Mental Health First Aid Certification Training Program

In a typical first-aid class, you would expect to learn things like CPR and what to do in case someone is in cardiac or respiratory arrest. But would you know what to do if a patient was at risk for suicide?

In December, University Hospital introduced a two-day, 12-hour Mental Health First Aid Certification Training Program, open to both clinical and nonclinical staff. Nine hospital staff attended the first session, led by certified instructors Mabel Martinez-Almonte, OTR/L, and Cynthia Margalit, RN, MSA, senior associate administrator and director of nursing for psychiatry and medicine services.

The certification course is designed to help healthcare providers better understand mental illness and respond to medical emergencies. The interactive class focuses on ways to stabilize patients who have a mental health problem or are experiencing a mental health crisis until they can receive treatment.

Based on guidelines developed by Mental Health First Aid—a program University Hospital offers the only mental health first aid certification training course in Brooklyn.

continued on page 3
Surgeons looking for new opportunities would do well to consider the Ambulatory Surgery Center (ASC) at Downstate Bay Ridge. It provides the convenience of an outpatient surgery center, backed by Downstate’s academic quality.

“The ASC offers surgeons a great way to expand their practice and increase their surgical throughput,” says Alex Schwartzman, MD, FACS, Downstate’s chief of general surgery and medical director of the ASC.

Designed for elective surgeries that do not require an overnight hospital stay, the ASC is a full-service, multispecialty facility that offers a wide range of general and specialized surgical procedures, for both children and adults. The center complies with the strict guidelines required for Medicare certification and the standards of care and practice recommended by professional operating room organizations.

With six well-equipped operating rooms, on-site lab services, and 19 specially trained nurses, the center can perform nearly any elective procedure, including orthopedic, ophthalmic, gastrointestinal, colorectal, pediatric, ob/gyn, urologic, plastic, and general surgery.

The ASC allows patients to have their surgery at a time that is convenient to them. Physicians, too, have greater flexibility and control. Block time helps physicians make the most efficient use of their time; however the center also accommodates last-minute requests.

Flip rooms are another way for surgeons to optimize their throughput. The ASC staff can prepare multiple ORs for high-volume surgeons who want to cut down on turnaround time.

Patient safety is everyone’s primary concern. During pre-admission testing—conveniently offered onsite—patients are evaluated by a nurse and an anesthesiologist to determine that they are candidates for same-day surgery. Following surgery, patients are moved to a 10-bed recovery room and closely monitored before discharge. Every member of the nursing staff is certified in advanced cardiac life support, and the center’s anesthesia services are part of Downstate’s highly rated Department of Anesthesiology.

“Our staff of board-certified anesthesiologists is experienced in the efficiencies of a free-standing ambulatory surgery unit,” says Rebecca Twersky, MD, director of ambulatory surgery, Department of Anesthesiology. “They are highly skilled in all aspects of ambulatory anesthesia techniques that enable patients to undergo surgery safely and be discharged comfortably within a short postoperative stay.”

The results speak for themselves. Both patient and physician satisfaction are high, according to Noreen Chambers, BSN, RN, CNOR, assistant director of nursing for perioperative services.

Surgeons who wish to practice at the Ambulatory Surgery Center and physicians wishing to refer patients should contact the medical director, Alex Schwartzman, MD, for information: 718.270.1791.
Downstate’s program has been organized by Remedy Partners, Inc, a company created specifically to help hospitals and other healthcare providers develop successful bundled payment programs.

“Remedy provides the analytics, the software tools, extra staffing, and the know-how to succeed with these new payment models,” says Grace Wong, vice president for managed care and clinical business, and assistant professor in the School of Public Health.

Up to 48 episodes of care will be covered in the initiative, which is expected to include just over half of all Medicare patients admitted to University Hospital. Downstate is working with select nursing homes and home health agencies to develop care coordination procedures and best medical care practices as part of the program.

“Our goal is to be much more engaged in patients’ post-hospital care, to assure they receive the care they need and to avoid a re-hospitalization because a patient doesn’t have access to community-based care,” says Michael Lucchesi, MD, Downstate’s chief medical officer.

“Downstate’s BPCI program is expected to go-live on July 1, 2013, as part of a demonstration program that will last for three years. After the demonstration period, many believe this form of payment will become the standard for health care reimbursement for decades to come.”
Tackling Medication Errors One Step at a Time

by LilyAnn Jeu, PharmD, BCPS
Medication Safety Pharmacist

Medications are an essential part of a patient’s hospital stay. However, when preventable events lead to inappropriate use of medications and result in actual (or potential) patient harm, these events are called medication errors. Errors may occur at any phase of the medication management process: procurement, prescribing, pharmacist verification, dispensation, administration, or monitoring.

When medication errors are discovered, physicians, nurses, and pharmacists play pivotal roles in protecting patients from harm. Nurses are often the first to detect a medication error based on a patient’s complaints and concerns. In such cases, the error is immediately reported to the patient’s physician to assess its impact and to make changes in therapy or monitoring for harm.

Medication errors are reported to the hospital’s Department of Quality Management using the Patient Incident Report (Form UH-025). The Department of Quality Management disseminates these reports to departments that need to investigate the errors. Once a month, the hospital’s Medication Safety Committee reviews medication errors, investigates factors that may have contributed to the errors, and proposes corrective actions to prevent them from happening again. This committee consists of representatives from a number of disciplines, including nursing, physicians, staff, pharmacy, patient safety, performance improvement, and public health.

While it may be easy to simply ask what went wrong and who was responsible, the committee goes further by taking a hard look at the process and not just the people involved. Work groups, councils, and committees are assigned to develop new procedures, practices, policies, or uses of technology to improve medication management, and the best ideas are chosen for implementation.

All healthcare personnel are encouraged to report medication errors—even “near misses” that are discovered before reaching patients. Identifying a problem is the first step to prevention. Next comes reviewing the problem with an open mind and an eye toward improvement. Finally, preventing medication errors takes perseverance to develop a plan and follow through.

Patient safety is everyone’s concern. By reporting possible signs of medication error, we can all help make Downstate a leader in advancing patient safety.

On February 11, campus members traveled up to Albany to take part in SUNY Day, an opportunity to showcase Downstate’s latest contributions to medical education, research, and community health.

Shown here with SUNY Chancellor Nancy Zimpher are Michael Harrell, AVP for Community Relations; Meg O’Sullivan, AVP for Student Life; Ellen Telesca, Director of Recruitment, School of Graduate Studies; and John Zubrovich, Project Manager, Biomedical Communications.

NEW RADIOLOGY REQUEST FORM AVAILABLE
The Radiology Department has developed a new Request Form to order patient studies. Contact Gloria Quinerly, ext. 8901, if you would like copies of the form sent to your department.