STAR Health Center Receives Top Rating for Patient-Centered Care

The STAR Health Center has received Level 3 recognition by the National Committee for Quality Assurance (NCQA) as a patient-centered medical home (PCMH).

Level 3 designation is the highest achievable recognition for a medical group, awarded only to programs that pass a rigorous review process. Attaining a high score of 94.75 out of a possible 100 points required a strong team effort and is a testament to the quality and scope of the STAR Health Center’s services.

Under the leadership of Distinguished Service Professor Jack DeHovitz, MD, MPH, the Center has been providing clinical care and support services for HIV-positive adults since 1991. Patient education, gynecological services, social work case management, and mental health and substance abuse assessment are just some of its many services.

“The STAR Health Center’s care model embodies the core medical home principles of expanded access and service coordination, support for patients’ self-management of chronic conditions, and the use of electronic health records and quality metrics to manage our population’s health,” says Dr. DeHovitz. He believes that NCQA PCMH recognition “is a welcome affirmation that our work at STAR reflects the best practices in primary care and supports the federal and state health reform goals of improving quality of care and the patient experience while lowering costs, especially for the most medically complex populations.”

NCQA is a private, nonprofit organization dedicated to improving healthcare quality. It accredits and certifies a wide range of healthcare organizations and also recognizes clinicians and practices in key areas of performance.

NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. Its PCMH program recognizes physician practices that prioritize the strengthening of the physician-patient relationship, coordinate care for patients across multiple settings, and engage in a team approach to improving patient care.

Downstate in the Community

Responding to a Public Health Emergency

At the height of flu season, members of two Downstate student clubs—Students for Social Responsibility and the Chinese American Medical Society—reached out to protect Brooklyn residents from this year’s severe outbreak.

Working with the Center for Health Promotion and Wellness, the students administered 400 free flu vaccines at churches and community organizations. They also educated the community about the importance of vaccination, dispelling common misconceptions about the safety of flu shots. Through their efforts, many people agreed to be vaccinated—some for the very first time.

Diana Klopsis, a 2nd-year medical student, administered flu shots to churchgoers at the Full Gospel Assembly of God.
Keeping the Pressure Off Our Patients

by Dianne Forbes Woods, RN, MA, NE-BC
Deputy Nursing Director

A pressure ulcer (also known as a bedsore or decubitus ulcer) is an area of skin that breaks down when constant pressure is placed against it. A potentially serious complication, it is associated with much pain and diminished quality of life. Critically ill patients who require lengthy hospital stays often have other conditions that increase their risk of developing pressure ulcers; however, the Centers for Medicare and Medicaid Services no longer reimburses hospitals for the ancillary cost of treating advanced pressure ulcers.

The journey to pressure ulcer prevention in our Medical Intensive Care Unit (MICU) started in 2007 with the recognition that half of the patients who developed ulcers had them on the sacrum (at the base of the spine) and heels. We identified that a gap existed between staff knowledge and best practices; therefore, a comprehensive educational plan was implemented for all staff. An educational pamphlet was also developed for patients and their families to engage them more fully in this aspect of their care. Improvement was rapidly noted.

In 2010 a multidisciplinary team was formed to conduct weekly rounds on all MICU patients, offering bedside clinical instruction as well as recommendations for treatment. Rounds were then extended to all inpatient areas. Gainosuke Sugiyama, MD, assistant professor of surgery, joined the pressure ulcer team in 2011, and due in large part to his knowledge, teaching, and support, our outcomes continued to improve dramatically. By the second quarter of 2011, our national benchmark data showed that our median prevalence rates for hospital-acquired pressure ulcers stage 2 and above was 0.00 in the MICU.

Wound Care and Ostomy Nurse Bruno Valcin, RN, who heads UHB’s Pressure Ulcer Prevention Program, says that hospital-acquired pressure ulcers have dramatically decreased throughout the hospital in 2012. “We now have one of the lowest rates of hospital-acquired pressure ulcers as compared to the more than 1,800 hospitals in our benchmark database,” he reports.

DID YOU KNOW?

Hospital-acquired pressure ulcers cost an estimated $37,800 per stay, according to the Agency for Healthcare Research and Quality. Such costs are not reimbursed by Medicare under its “Never Event” policies.

How to Prevent Pressure Sores: Tips from the Pressure Ulcer Prevention Team

- Change patient’s position every two hours.
- Make sure patient’s head is not raised more than 30 degrees.
- Call a nutritionist if the patient’s albumin level falls below 3.
- Keep the patient well hydrated and supply extra protein and vitamins if needed.
- Avoid shear—do not pull the bed sheets out from under the patient.
- Check for wetness but don’t place too many pads beneath a patient who is incontinent.
What Satisfies Our Patients Most?

By Thomas Bodenberg, PhD
Director, Data Management and Decision Support

The results of the latest Press Ganey Survey are in for calendar year 2012. Press Ganey, a leading patient experience improvement firm, helps hospitals measure how patients perceive the care they receive and allows UHB to assess itself internally.

What distinguishes units with high patient satisfaction scores? They adhere to the highest standards of clinical excellence, of course, but it is the staff that really sets them apart. They earn high marks from patients by responding to their needs, keeping them informed, providing a safe and friendly environment, and showing that they care.

“We’re like a family here,” says telemetry technician Celia Madden (NS 82 - Transplant). “The staff work very well together and are devoted to the patients because of the serious nature of their illnesses.”

“Patients hate to be kept waiting, so it’s important to respond as quickly as possible,” advises Ray Cupid, RN, associate director of nursing (NS 81 - Surgery).

Courtesy is another top requirement. “We make sure that patients know their caregiver by always introducing ourselves when we enter a patient’s room—and we do it with a smile,” he adds.

What satisfies Our patients Most?

1. The staff responded to any inconvenience I had.
2. The hospital was cheerful.
3. The staff worked together to care for me.
4. The nurses responded to my concerns and complaints.
5. The staff was concerned for my comfort during tests and treatments.
6. The nurses kept me informed.
7. The staff addressed my emotional needs.
8. The staff included me in decisions.
9. The staff paid attention to my special or personal needs.
10. The staff tried to control my pain.

Top responses from Press Ganey survey

Towards Becoming a Baby Friendly Hospital

Last summer, the New York City Department of Health announced a new initiative known as “Latch On NYC.” This initiative supports mothers who choose to breastfeed their infants and asks hospitals to not promote the use of baby formula. More than half the city’s hospitals have agreed to do their part, but Downstate is well ahead of the curve.

In 2011, University Hospital embarked on the journey toward designation as a Baby Friendly Hospital. This designation is part of a global effort launched by UNICEF and WHO in 1991 to improve the care of mothers and newborns by promoting breastfeeding. Close to 15 thousand maternity centers in more than 152 countries, including 154 hospitals in the United States, have been accredited as Baby-Friendly, but only two in New York City have this hard-won status. UHB is about to become the third.

To win Baby-Friendly Designation, a hospital must demonstrate action plans, policies, curriculum, quality improvement projects, staff training, and competencies that qualify the hospital as a center for breastfeeding support. Finally, it must pass an onsite survey. UHB is on the third step of the four pathways required for certification.

Since exclusive breastfeeding for six months is considered the optimal start in life, UHB’s policy is to help mothers initiate breastfeeding within a half hour of giving birth and to not routinely offer formula. Pregnant women and new mothers are educated on the benefits of breastfeeding, and a doctor’s order is now needed before formula is provided. All UHB maternity staff must complete several hours of breastfeeding education with a certified lactation instructor—20 hours for RNs and three for other providers.

“As nurses, we feel empowered every time we succeed in helping a mother to exclusively breastfeed her baby,” explains Elizabeth Igboechi, RNC-OB, MSN, FNP, NEA-BC, director of nursing for women and children’s services. “While it will be a great source of pride for us when UHB is designated a Baby-Friendly Hospital,” she says, “the joy and satisfaction that mothers achieve through breastfeeding is priceless.”
Academic Information and Educational Technology Fair

by Mohamed Hussain and Angela Melton
Medical Research Library of Brooklyn

On January 30, the Medical Research Library of Brooklyn, in partnership with the Faculty Development Initiative, sponsored the first annual Academic Information and Educational Technology Fair. It was designed to make faculty, staff, and students aware of the many resources and services available at Downstate to enhance teaching, learning, and patient care and to support professional collaboration and staff development.

Attendees learned about hosting online poster sessions, using PRIME, and collaborating with colleagues via AdobeConnect Pro, as well as learning more about the medical informatics program and HealthBridge. Participating departments included Biomedical Communications, Educational and Computing Technology, HealthBridge, Classroom and Audiovisual Services, Campus Information Technology, Downstate Mac Users Group, and Skillport, an online employee training program in IT and project management.

AROUND DOWNSTATE

Observing World Kidney Day 2013

On March 14, the Center for Community Health Promotion and Wellness, Division of Renal Disease, Division of Transplantation, and Department of Nursing Services, along with volunteers from the New York Organ Donor Network, organized an information table to help raise awareness of kidney disease.

More than 35 percent of adults with diabetes have chronic kidney disease. “It doesn’t have to be that way,” says Patient Educator Betty Jung, RN. “Studies have shown that good control of diabetes and hypertension can reduce the risk of developing kidney disease or slow its progression.” She stresses the need for organ donations to help those with kidney failure. For information on transplant services at SUNY Downstate, call 718-270-3169.

Downstate members and volunteers who helped raise kidney disease awareness. Shown standing (l. to r.): Betty Jung, RN, Linda Cohen, RN, Mary Fontenelle, transplant outreach coordinator, and Bertha Joyner, volunteer. Shown seated: Andrea Johnson, transplant outreach coordinator, and Anthony Kilburn, New York Organ Donor Network.