

carenews

together we are transforming the future of health care

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“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy. ~ Martin Luther King, Jr.

In this issue:



Good day!

Remember when you were in elementary school, eager to share your report card with your parents? Perhaps that enthusiasm wore off a bit as the high school years took shape; nonetheless, this was how our success was measured for a significant portion of our lives.

That might be an oversimplification, but we are accustomed to receiving grades for our academic work and evaluations of our professional responsibilities. It's the way we hold ourselves and others accountable, challenge our abilities and, hopefully, realize success.

It's easy to see how a report card or performance evaluation can be a useful tool. But what if we are trying to grade ourselves as a health care system? How do we know if we are measuring up against quality standards? What about those all-important readmission statistics or population health goals? Truth be told, the process is not all that different from your grade school report card—although it comes with quite a bit more detail.

Here at Care New England, as with many organizations, we use what is referred to as the balanced scorecard (BSC), something we introduced in 2011. Those who have been attending the quarterly Town Hall meetings have already seen and heard a bit about this important tool used to stay focused and aligned with our mission.

Simply put, the BSC manages strategic performance. It translates our 2015-17 Strategic Plan into precise objectives that can be communicated, measured and improved upon. Think about it—if we can measure it, we can manage it.

Robert Kaplan and David Norton, considered the creators of the BSC, had this to say when explaining its purpose in a 1992 *Harvard Business Review* entitled “The Balanced Scorecard—Measures that Drive Performance”, “Think of the balanced

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scorecard as the dials and indicators in an airplane cockpit. For the complex task of navigating and flying an airplane, pilots need detailed information about many aspects of the flight. They need information on fuel, air speed, altitude, bearing, destination, and other indicators that summarize the current and predicted environment. Reliance on one instrument can be fatal. Similarly, the complexity of managing an organization today requires that managers be able to view performance in several areas simultaneously.”

So what does this mean for all of us here at Care New England? All of our goals and objectives are defined by our strategic plan—we have six key goals based on quality, population health management, physician partnership, strategic partnerships, academic and research excellence and operational strength. Each of these goals is then divided into a number of key objectives to be overseen and addressed by members of the senior management team with the support and hard work of all of you. Everything we do at Care New England needs to tie back in some way to one or more of these goals.

To do that, we have simplified and, frankly, strengthened our performance evaluation form this year. Many of you might already be familiar with this. If not, you will be by the end of March when we complete its roll out. Everyone (including me) will have personal goals directly linked to elements of the BSC as determined by you and your manager. This might mean you have aspects of patient experience improvement woven into your work plan, while someone else might be looking at ways to grow physician partnerships or improve our compliance with hand hygiene.

So how have we measured up in the past? If you check the most recent [annual report](#), you'll see the goals, objectives and scores there for your review on the last few pages. In the near future, the 2016 annual report will be complete and you can compare for yourself year-to-year.

It's important to remember we are continuing to do good work and making progress across all aspects of our goals and objectives in the BSC. But clearly we know there is still much more work to be done. No matter the successes we achieve or the hurdles that challenge us, we will continue to aggressively push ourselves to be the best we can be, which means providing the best possible health care and patient experience.

Have a great week ahead!

Sincerely,



Dennis D. Keefe
President and Chief Executive Officer

FY15-17 Strategic Plan Goals

Goal A	Quality
• Consistently deliver clinical excellence and an exceptional patient experience across Care New England.	
Goal B	Population Health Management
• Further develop Care New England as a seamless integrated delivery system that is accountable for the quality, experience, and cost of care for those we serve.	
Goal C	Physician Partnership
• Develop regional partnerships with physicians committed to providing accessible, affordable, and high quality care to our patients and our community.	
Goal D	Strategic Partnerships
• Continue to develop and enhance strategic partnerships to assure a leadership role as an effective population health manager.	
Goal E	Academic & Research Excellence
• Strengthen and unify academics, teaching and research across Care New England.	
Goal F	Operational Strength
• Build overall system strength by ensuring that we are operationally integrated, innovative, and value driven.	

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ConvergenceRI 
Click [here](#) to view this week's *ConvergenceRI*



Women & Infants Files Certificate of Need Application for Labor and Delivery Suite



Women & Infants took an important step in the proposed renovation of the hospital's Labor and Delivery Suite with the official filing of a Certificate of Need application with the Rhode Island Department of Health. This project will consist of renovating all 20 labor rooms and increasing the room size of each from 220 square feet to the current guidelines of 400 square feet with a private bathroom and shower in each room.

The project design will be based on the concept of a universal room that exceeds the needs for all levels of patient- and family-centered care. The renovation will integrate the newest technologies and include upgrades to the electrical, HVAC, plumbing and medical gasses systems. Pending approval, the renovation, with a projected cost of approximately \$18.6 million—much of it to be raised through a philanthropy campaign—will be done in phases over 14 to 16 months in order to minimize disruption to existing service. The work is scheduled to be completed in October 2018.

The Department of Health has declared that influenza is now WIDESPREAD in Rhode Island

Influenza can be a very serious infection leading to severe illness and even death. Flu vaccination provides protection from illness for many people, lessens the severity of disease for others, and helps prevent spread within vulnerable populations.



For the safety of our patients and coworkers, and to prevent spread and outbreaks within our facilities, it is critical that each of us adheres to the following:

- Eligible health care workers should already be vaccinated. If you have NOT yet been vaccinated and are eligible to receive vaccine, you should do it now.
- Beginning immediately, unvaccinated workers must wear a mask whenever there is potential for direct contact with a patient or family member. This includes both in patient rooms and public areas where patients and families are present.
- Do not come to work if you are ill with flu symptoms. Working while sick places others at risk. You may return to work 24 hours after your fever has been gone while off fever-reducing medicines, and you can control your cough and secretions.
- Patients presenting with suspected flu should be placed immediately in a private room or private area under droplet precautions. Precautions are maintained for seven days after the onset of illness or 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.

Do you have questions about the flu, flu vaccine, or masking? Contact any one of our infection control staff located across Care New England at your operating unit.

Kent Hospital Awarded Advanced Certification for Primary Stroke Centers from The Joint Commission

Kent Hospital recently earned The Joint Commission's Gold Seal of Approval® and the American Heart Association/American Stroke Association's Heart-Check mark for Advanced Certification for Primary Stroke Centers. Both of these symbols represent quality and are the result of a rigorous onsite review held this past November. Throughout the review, Joint Commission experts evaluated compliance with stroke-related standards and requirements, program management, and the delivery of clinical care and performance improvement.



**American Heart Association
American Stroke Association
CERTIFIED**
Meets standards for
Primary Stroke Center

“Obtaining this advanced certification is a great achievement for The Stroke Center at Kent Hospital and reiterates the top-quality, aggressive stroke care we provide to our patients,” said Michael Dacey, MD,

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president and COO, Kent. “We are continually focused on providing timely care to those who have suffered a stroke, with the best possible outcomes.”

This is the fifth consecutive time Kent has received such designation since the first certification in 2008.

“The Primary Stroke Center certification has given us the opportunity to highlight the exceptional stroke care we provide for our patients and help us improve care overall for our community,” said Arshad Iqbal, MD, chief of neurology and director of The Stroke Center at Kent.

Blue Cross Q&A sessions scheduled through January

The Blue Cross customer service and care advocacy team will be on-site through the month of January at locations around Care New England to answer questions you may have regarding your medical benefits. See below for the schedule of dates and times.

2017 Blue Cross Q&A Sessions – January

DATE	TIME	LOCATION
171 Service Avenue		
Tuesday, January 17	11 a.m. to 1 p.m.	Outside the Lunch Room
Memorial Hospital		
Wednesday, January 18	11 a.m. to 1 p.m.	Cafeteria Entrance
Women & Infants Hospital		
Thursday, January 19	11 a.m. to 1 p.m.	AB Foyer, Level 0
Kent Hospital		
Friday, January 20	11 a.m. to 1 p.m.	HR Conference Room
Butler Hospital		
Monday, January 23	11:30 a.m. to 2 p.m.	Arboretum
The Providence Center		
Wednesday, January 25	Noon to 2 p.m.	Oster Board Room

Women & Infants participating in international study

For a younger woman, a diagnosis of breast cancer means not only dealing with a potentially life-threatening illness, but also facing the possibility that the treatment designed to prevent the cancer from coming back will also affect her ability to become pregnant and have a child.

Most women with early stage breast cancer are cured of their disease, but treatment often includes a course of endocrine therapy lasting five years or longer, during which the woman is advised not to become pregnant, and by the end of which her fertility may be markedly reduced. Sometimes, a woman decides to stop this treatment early so that she can try to become pregnant. While there is no evidence that this increases her risk of having the cancer come back, available data is limited.



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Researchers at The Breast Health Center at Women & Infants Hospital are participating in an international trial designed to answer the question as to whether the interruption of treatment in some women with early stage breast cancer to allow them to try to become pregnant affects the long-term risk that the cancer will recur.

The trial, “Pregnancy Outcome and Safety of Interrupting Therapy for Women with Endocrine Responsive Breast Cancer” or POSITIVE, is recruiting women in the United States and around the world, according to Sonali V. Pandya, MD, the primary investigator at Women & Infants.

“We’re looking for a very specific group of women,” Dr. Pandya explains, adding that participants must be between the ages of 18 and 42, have been diagnosed with an estrogen receptor positive breast cancer for which they have been taking endocrine therapy such as the medication Tamoxifen for between 18 and 30 months, and have a desire to become pregnant.

Breast cancer is the most common serious cancer in women and approximately 15 percent of patients are diagnosed in their reproductive years.

“The biology of cancers diagnosed in young women is different from those that develop in older women,” Dr. Pandya says. “We also know that five to 10 years of endocrine therapy like Tamoxifen can substantially reduce a woman’s fertility and chance of conception, but no one has studied the effect of interrupting that treatment to allow a woman to try to become pregnant.”

With that in mind, the objectives of POSITIVE are two-fold:

1. To assess the risk of breast cancer relapse associated with the temporary interruption of endocrine therapy to allow for pregnancy.
2. To evaluate factors associated with pregnancy success after the interruption of endocrine therapy.

The research is being funded through the National Cancer Institute.

Dr. Pandya is accepting new patients. For more information, call Women & Infants’ Breast Health Center at (401) 453-7540.

The Providence Center is on the move

In March, The Providence Center’s (TPC’s) administrative wing—including the Finance, Billing, Marketing and Development departments—will move to 10 Orms St., Providence. The new space is just a block from TPC’s North Main Street headquarters. The move will create more space for TPC’s clinical programs to provide care for more clients in need of services. TPC’s overall number of clients served has grown by 13 percent a year over the last six years, necessitating additional space to serve clients. 



Care New England

PROVIDENCE HOSPITAL
of Rhode Island