EXPERIENCE HEART FAILURE SYMPTOMS

The AtraZeneca innovative Heart FX Pod is visiting UAB February 13. This multisensory, interactive simulation provides a realtime experience about how heart failure affects daily activity. The program is designed to help physicians better understand the impact of Class II and Class III heart failure on their patients. By immersing physicians in an evolving, “real-life” patient experience, the pod not only creates an awareness of heart failure, but also stresses the importance of treatment.

Once inside the pod, participants receive a patient profile and brief orientation, are outfitted with a compression vest, and are situated on foot pedals. Through visual and audio effects, they take a virtual tour through a heart failure patient’s daily experiences. Participants first hear the patient’s story and then gradually begin to feel some of the physical effects of heart failure as the vest tightens and the foot pedal resistance increases. When the 5 minute simulation draws to a close, the participant walks away having experienced the struggle heart failure patients endure each day.

The Heart FX Pod trunk will be located in the parking lot across the street from the North Pavilion Parking Deck behind Taco Bell. Visit this fascinating exhibit between 9 AM and 5 PM.

NEW SCHEDULING INITIATIVE WILL ENHANCE ACCESS FOR PATIENTS AND PHYSICIANS

Flexible, coordinated systems will maximize efficiency

An initiative aimed at creating an optimal patient scheduling process will ease access to UAB Health System (UABHS) clinical services for patients, physicians, and staff and, where appropriate, standardize access to physician practices.

“Currently, more than 750 individuals are involved in the scheduling process, all of whom are using different methods of handling patient access both between and within each clinic. This often results in a lack of synchronized data, duplicated work, delays in the scheduling process and patient care, as well as other inefficiencies,” explains Health System Information Services (HSIS) Information Manager Peggy DePiano, who, along with Management Services Organization (MSO) Associate Director Andy Hare, is overseeing the scheduling project.

“Patients can easily become confused with the complex scheduling process, which leads to frustration and no-shows,” DePiano says. “After making the case for change in 2003, we began work under the leadership of Dr. Nancy Dunlap to develop a strategic plan, based on a defining vision of who we are and who we want to serve, that will allow our patient access process to reach the same level of quality as our world class health care.”

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NEW SCHEDULING INITIATIVE
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Along with DePiano and Hare, the project team includes HSIS Information Service Consultants Heather Schreck and Lynn Graves, Bekki Payne, MSO IDX scheduling analyst, MSO Patient Access Managers Kelly Arant, Susan Robertson, Karen Stokes, Lauryn Schultz, and Karen Lake, and Mary Gibson, UABHS director of physician services and patient referral. Scheduling project goals include:
• Reducing the number of scheduling telephone numbers
• Reducing patient handoffs
• Decreasing the abandoned call rate
• Reducing scheduling errors
• Reducing patient no-show rates
• Optimizing capacity
• Improving billing accuracy and reimbursement

Transition to a More Coordinated World

After collecting input from more than 300 physicians and staff, the scheduling project team put together a series of stories involving initial access, discharge, physician-to-physician access, and Web-based access, all outline optimal flow through the health care system. To make these scenarios an everyday reality, many elements and systems involved in the
scheduling process must be updated and enhanced, DePiano says.

Key components of the optimized scheduling process will include easy-to-remember access numbers for different patient care areas. “Every scheduling area will have its own access number beginning with 996,” DePiano says. “Nephrology, for example, is using 996-NEPH. And during business hours, patients calling about appointments will always be answered by a trained person who can assist them.”

Other elements of the new scheduling process include IDX system upgrades called WebFramework and a new business application — AVM, or Ambulatory Visit Management. “WebFramework delivers electronic tools to help each scheduling area overcome complex scheduling issues, while AVM will allow transfer of business functions to a pre-arrival team with expertise in collection of crucial pieces of billing information. The team will get all the needed billing information from the patient, allowing scheduling areas to focus on streamlining appointment functions.”

Changes in scheduling processes will be implemented throughout 2006 with a go-live date in October. “Each scheduling area is being treated as an independent project with its own work team that will define department-specific project plans. Each work team will have representatives from both clinic and academic offices, so decisions can be made that meet both patients’ needs and the needs of individual physicians and clinics. Schreck will oversee individual work teams, helping them develop structure and define details, ensuring a successful transition into this new coordinated world,” she says. “Physicians should notice that the new system makes it easier for them to make appointments with their colleagues. Gaining efficiencies will also allow physicians to focus on our mission — providing the highest-quality patient care.”

For more information about the scheduling process, contact DePiano at pde-piano@uabmc.edu, Hare at sahare@uabmc.edu, and Schreck at hschreck@uabmc.edu.

**Patient Summary List Available**

UAB Health System Information Services (HSIS) recently unveiled the patient summary list, a new feature on Horizon, the clinician’s password-protected intranet site. The patient summary list provides a quick overview of essential patient data, which includes allergies, a problem list, procedures, and medications.

“When a physician enters Horizon’s integrated patient view and types in a patient’s medical record number, the ‘Activities’ tab automatically appears. It contains the most recent signed version of the patient summary list. This redesign offers easy access to pertinent data needed to evaluate and treat patients in a timely manner,” says HSIS Manager Diane Massey, RHIA.

Beginning November 2005, all Prime Care physicians were asked to dictate patient summary lists on each patient by the third patient visit and to maintain this process thereafter. Other services will also be encouraged to use this summary list when caring for their patients.

“The new design enables physicians to view critical data without searching multiple screens,” says TKC Chief of Staff Nancy Dunlap, MD, PhD, who requested the new feature. “Most patients typically see their physicians once or twice a year, unless they are sick. Maintaining important data in an easy-to-find-location saves the physician and patient time and ensures every physician seeing a patient is on the same page. Also, patients in our Health System have multiple physicians caring for them. This new feature will help our physicians communicate changes in problems, medications, and allergies more effectively.”

“Physicians also can access the patient summary list, along with other documents, by clicking the ‘Documents’ tab,” says Gretchen Kennamer, HSIS information services consultant. “However, the ‘Activities’ or new ‘Summary List’ tab contains the most current signed summary list, regardless of which physician created it.”

“I encourage everyone to adopt this useful feature and work from a common summary list as another step toward streamlining the quality care we deliver to all patients across the Health System,” Dr. Dunlap closes.

**Hospital Employees Are “Health Care Heroes”**

Holcombe, a respiratory therapist with UAB Critical Care Transport (CCT) and a member of one of the first CCT teams to arrive in New Orleans, evacuating 26

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infants and adults from the hurricane-stricken area, joined University Hospital in 2004. “Diona is an exceptional therapist and gives patients that extra touch by listening and offering the reassurance they and their families need,” says Hospital Associate Vice President Robert Cofield, DrPH.

Smith, CCT respiratory therapist and also a member of the team that arrived in New Orleans, is the longest serving full-time hospital employee on the team. She has assisted in the transport of more than 2000 patients. In addition, she is a member of the CCT team at Children’s Hospital. “Debbie transports patients of all ages and by all modes, and these patients benefit from her extensive experience and expertise,” Cofield continues.

Tucker, CCT nurse practitioner, another member of the New Orleans evacuation team, is the hospital’s first full-time CCT neonatal nurse practitioner. “Valorie takes expert neonatal critical care to the very sickest infants and helps transport them safely to where they need the to go to survive,” adds Cofield.

Based in Montgomery, the Alabama Hospital Association is a statewide trade organization that represents more than 100 hospitals and numerous other health care providers by offering membership services designed to enhance the provision of health care in Alabama.

CASTELLANOS JOINS OTOLARYNGOLOGY

UAB Professor and Director of the Division of Otolaryngology/Head and Neck Surgery Glenn E. Peters, MD, announces the appointment of Paul Castellanos, MD, as associate professor.

Dr. Castellanos received his MD degree from Louisiana State University Medical School in New Orleans. His postdoctoral training included a general surgery internship and an otolaryngology residency at Washington University in St. Louis, Missouri, at Barnes/Jewish Hospital system. Prior to joining the staff at UAB, Dr. Castellanos founded and directed the AeroDigestive Center at the University of Maryland, in Baltimore. In addition, he was interim Division Director of Otolaryngology Head and Neck Surgery and director of the airway clinic.

Dr. Castellanos brings a particular expertise to care of patients with voice, swallowing, and breathing problems, including cancer of the larynx and hypopharynx. He is known for development and use of minimally invasive surgical techniques that reduce morbidity, improve outcomes, and involve voice restoration in the treatment of cancer and airway stenosis. He is accepting patients at The Kirklin Clinic® and may be reached at 934-9766 or by e-mail at larynx@uab.edu.