James L. Holly, M.D.

Brandon Sheehan, SETMA's Director of Inpatient Care, Response to Dr. Holly's Open Letter to the Baptist and Christus MEC And SETMA's Plans for the Future Based on Performance in the Past

Brandon's response to the Open Letter:

> "The letter is spot on. It's frustrating that over the last 3-4 years the hospitals have slowly expected more from physician's while dismantling the team that's been built to accomplish these tasks.
>
> "We know we can't practice Medicine and are not attempting to, and go out of our way, to constantly try and show how we are acting within our scope. We are facilitators between physicians and hospital staff and families. In a modern age with multiple forms of immediate communication some do not want to see how we apply team approach and unfortunately have no interest in how or why, just because it's not how its been done before.
>
> "By the end of the day, we compile a two-page report at Baptist alone with communication from our physicians on what they want done, on what needs following up, and things they want checked on.
>
> "At times we have conditional orders passed to us on specific patients that if this or that comes back, "I want this done." Its much easier for them to tell us that, than to try to figure out how to do a CPOE order for a "what if." So there are times when we will get a call, with for example elevated cardiac enzymes, and we can say consult Doctor so and so, as a verbal order because we have already been given that verbal order. But I am speaking to brick walls all around."

In my response to the above, I told Brandon how proud I am of the work he and his team have done. He responded with the following note:

> "Not as proud as I am to have seen what SETMA has put together. Even some of our own Physicians don't have the complete understanding of what we have put down. Yes, they know what we do but not exactly how or why. If this rule makes it, they will get pretty clear picture of at least one part of the process with taking the calls we have always screened. But what you have put together should leave

> no doubt as to our process; however, they have to want to understand. However I tend to be a little pessimistic at these things.
>
> "The changes I refer to over the last 4 years that have been dictated down to us weigh heavily on me. I found a spot in SETMA where I belonged and where I could make a difference and have helped you take this "need" in the beginning and helped build it to something that has made a SIGNIFICANT change in all our hospital in patient indicators, as well as others perception of what SETMA is. So I tend to get a little worked up when I see others chewing at the foundation."

It is this spirit and the leadership of SETMA's team which has created this. It is this leadership which has:

1. Enabled SETMA to discharge ten thousand patients over the past seven years and have the Hospital Care Summary and Post Hospital Plan of Care (formerly called the "discharge summary) completed before the patient leaves the hospital 98.6% of the time.
2. It is this team which enables the hospital to have NO "held chares" and to maximize their reimbursements through complete and valid DRGs.
3. It is this team which has allowed SETMA to achieve excellence in core measures and cost efficiency with constantly improving readmission rates.
4. It is this team which has enabled SETMA to care for a significant number of indigent and/or unassigned patients who present to the emergency room and to do it with the same efficiency and excellence with which we care for private patients.
5. It is this team which has created a complete continuity of care record and experience for the patient by completing in the same data base:

    a. The ambulatory care record
    b. The admission history and physical,
    c. The hospital admission plan of care and treatment plan,
    d. The Hospital Care Summary and Post Hospital Plan of Care and Treatment plan,
    e. The medication reconciliation in the same data base (upon admission, upon discharge, during the Care Coaching call the day following discharge and at the primary care following visit) and
    f. The Transition of Care steps of action

And, with the collaboration of the Medical Executive Committees and the hospital administrations, we can not only continue this, but extend and expand this performance, and we can do it in compliance with all Federal, State and Local requirements and standards.

In the coming days, SETMA will be conferring with CMS, ONC and HHS to establish a dialogue regarding all of these matters. SETMA looks forward to working with the local hospital administrations to meet all of our patients' needs for safety and quality in care.