

James L. Holly, M.D.

November 21, 2015 Transmittal Letter of The Value and the Power of the Healthcare Team: Answering Dr. Amy Townsend's Imperative

From: James L. Holly

Sent: Saturday, November 21, 2015 5:57 AM

To: James L. Holly

Subject: The Value and the Power of the Healthcare Team: Answering Dr. Amy Townsend's Imperative

The Value and the Power of the Healthcare Team: Answering Dr. Amy Townsend's Imperative By James L. Holly, MD

Over the past three years, Beaumont hospitals have been reviewing and improving patient-care processes in relationship to members of inpatient healthcare teams and the scope-of-practice of each team-member-type. In the past several months, this review has intensified, involving the Medical Executive Committees of both hospitals.

One of the principal participants in this process has been Dr. Amy Townsend, Christus St. Elizabeth's Vice President for Health Affairs. During the November 19th joint meeting of the MECs of both hospitals, extensive discussions were held about Registered Nurses' functions in the hospital when they are employed by practicing physicians.

Several physicians on the MECs wanted to keep RNs from having any function in the hospital. Dr. Townsend insisted that the new rules, when approved, should apply to all physician groups equally, even though Dr. Townsend had reviewed SETMA's team's functioning and found them to be in compliance with all applicable standards

On the 19th, a vigorous e-mail dialogue ensued during which Dr. Townsend declared, "I feel it is imperative for SETMA to give specific examples of how the RN taking, call is able increase efficiency but yet remain compliant with the rules in the Nurse Practice Act." She challenged SETMA partners, Drs. Syed Imtiaz Anwar and James L. Holly to prepare such a response. I intended to do this next week, but got it done on November 20th.

The following link is my response to Dr. Townsend's "imperative." The first 19-pages lays the foundation for the understanding of SETMA's team approach to healthcare. The last three pages give specific answers to Dr. Townsend's "imperative." It will be impossible to fully understand and evaluate the last three pages without first carefully reading the first nineteen pages. And, even at that, while I think this treatment will give a sense of SETMA's work, it is still an introduction and not an exhaustive presentation of SETMA's Model of Care.

Below my signature are links to previous parts of this hospital process and discussion. The following two links are in Microsoft Word format and the second is a PDF.

- <http://www.jameslhollymd.com/Letters/value-and-power-of-the-healthcare-team-answering-dr-amy-townsend's-imperative>
- <http://www.jameslhollymd.com/Letters/pdfs/value-and-power-of-the-healthcare-team-answering-dr-amy-townsend's-imperative.pdf>

Both formats of my response to Dr. Townsend have an index made up of 24 hyperlinks which makes it easier to navigate this document; those hyperlinks are listed below as the "Table of Contents":

- [Team Approach to Healthcare](#)
- [Resistance to Health Care Teams](#)

- [Healthcare Education - Educating a Team - Physician and Nurse Collaboration](#)
- [Disruptive Innovation](#)
- [Glue? Adhesion and Cohesion](#)
- [Harmonics](#)
- [Personal Pilgrimage](#)
- [Medical Home](#)
- [Patient-Centered Medical Home \(PC-MH\)](#)
- [The Robert Wood Johnson Foundation - Healthcare Teams - Study of SETMA and its Learning Team](#)
- [The Joint Commission](#)
- [Harnessing the Unique Skills of a Multi-Disciplinary and Interdepartmental Team](#)
- [Healthcare Team Endowments](#)
- [The Team: SETMA's Inpatient Team](#)
- [SETMA's Team Examined by Physicians from Australia and China](#)
- [Further Imperative for the Team - How Many Tasks Can a Provider Compete at Every Encounter](#)
- [Illustration One: Reportable Infectious Diseases or Chronic Diseases](#)
- [Process Analysis: A Systems Solution to the Problem of Reporting](#)
- [SETMA Hospital Discharges](#)
- [Hospital Transitions of Care and Continuity of Care](#)
- [Core Measures and HCAPHS](#)
- [Answering Dr. Townsend's Question](#)
- [From the MEC: What functions do RNs/ LVNs taking night call perform?](#)
- [How do RNs increase efficiency and remain within their scope of practice?](#)

It is my hope that this paper will add to the substance and issues of the discussion about excellence in hospital-based healthcare delivery in Southeast Texas and that it will add to the national dialogue of care transformation. While the purpose of this is not to focus on future solutions, the “value and power of the inpatient healthcare team” could be radically advanced by special training of RNs who are experienced and gifted in in-patient care. If programs could be designed which would allow for certification and qualification of RNs to participate more fully in the initial evaluation of patients in the hospital with the requirement that the RN consult with or the patient be seen by a health-care provider before medications or orders could be initiated. That is not being asked for now, but “disruptive innovation” will result in that being done whether physicians want it or not.

Finally, it is important to conclude with the affirmation that while Dr. Townsend and I have different perspectives on some of the details of these matters, we share the same passion for excellence for in-patient care and for compliance with current standards and regulations of care.

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These are links to the on-going discussion of inpatient care and the scope-of-practice of RNs:

1. <http://www.jameslhollymd.com/Letters/dr-amy-townsend-letter-following-nursing-scope-of-practice-meeting>
2. <http://www.jameslhollymd.com/Letters/september-22-2015-note-from-amy-townsend-and-letter-to-her>
3. <http://www.jameslhollymd.com/Letters/amy-townsend-md-scope-of-practice-issues-not-being-discussed>
4. <http://www.jameslhollymd.com/Letters/an-open-letter-to-the-medical-executive-committees-of-baptist-southeast-texas-hospital-and-christus-st-elizabeth-hospital>
5. <http://www.jameslhollymd.com/Letters/brandon-sheehan-setmas-director-of-inpatient-services>
6. <http://www.jameslhollymd.com/Letters/follow-up-letter-to-medical-executive-committee-baptist-and-christus>
7. <http://www.jameslhollymd.com/Letters/note-to-mec-about-nursing-scope-of-practice-afternoon>
8. <http://www.jameslhollymd.com/Letters/comments-to-the-christus-medical-executive-committee-about-inpatient-healthcare-teams>
9. <http://www.jameslhollymd.com/Letters/an-opportunity-for-growth-remembering-and-learning-out-of-conflict-comes-creativity>

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