Best Outcomes While Controlling Costs

As discussed in past Bulletins, the Triple Aim of health care reform requires the simultaneous pursuit of improving the experience of care, improving the health of populations, and reducing per capita costs of health care.

In 2009, the American College of Physicians published a position paper titled, “Controlling Health Care Costs While Promoting the Best Possible Health Outcomes.” The paper points to inappropriate utilization of tests and procedures, lack of patient involvement in decision-making, excessive administrative costs, medical liability and defensive medicine, and more Americans with declining health status and chronic disease as some of the major drivers of health care costs. I would add patient expectations to the list as well.

As physicians, we are well positioned to affect change. Our role was discussed as far back as 1978 in a Special Article in the New England Journal of Medicine titled, “Physician Responsibility for the Cost of Unnecessary Medical Services.” The authors of this article proposed a peer-review system to address unnecessary medical services.

The ABIM Foundation launched the Choosing Wisely Campaign in 2012 with the admirable goal of advancing a national dialogue on avoiding unnecessary medical tests, treatments and procedures. More than 70 national medical specialty societies have created Choosing Wisely lists using evidence-based recommendations to guide discussions among physicians and their patients. Each list specifically provides information on when tests and procedures may be appropriate. The ABIM Foundation is careful to point out that each patient situation is unique and that these recommendations should be used as guidelines.

Evidence-based medicine is commonly defined as the “conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.” Advocates of evidence-based medicine welcome the strong scientific foundation of practice guidelines, while critics fear that they will lead to “cookbook medicine.” It is clear that adoption of practice guidelines is slow and may not lead to consistent changes in physician practice patterns. This is unfortunate, as it translates to missed opportunities. The purpose of evidence-based practice guidelines is to achieve consistency, efficiency, quality, and safety in medical care.

Indeed, we have examples at Valley of adopting evidence-based practices that have truly benefited our patients. The ‘7 is the new 10” campaign a few years back helped standardize our blood transfusion practice. Most of us were “taught” that the threshold for transfusion is a hemoglobin of 10 g/dL, despite the fact that this was based on weak evidence. We changed our practice and reduced variation by adhering to the best evidence. There are occasional exceptions, and the physician has the ultimate authority to decide on what is best for his or her patient supported by documenting the rationale for deviating from the guidelines.

Many of our colleagues are making suggestions on how we can reduce variation by adopting evidence-based guidelines. These suggestions are then vetted through our comprehensive Utilization Review Committee. I encourage you to seek out examples from your specialty and from www.choosingwisely.org on ways we can all be part of the movement to achieve better outcomes while controlling costs.

Joseph Yallowitz, MD
Editor
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<td><strong>Standards Committee</strong></td>
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<td><strong>Pharmacy and Therapeutics</strong></td>
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HAPPY ANNIVERSARY TO OUR ACTIVE STAFF PHYSICIANS!
CONGRATULATIONS ON YOUR MILESTONE!

NOVEMBER CELEBRANTS:

5 Years
Howard D. Frauwirth, MD—Medicine, Jeffrey B. Gewirtz, DPM—Orthopedics,

Juan B. Grau, MD—Surgery, Ernest J. Pope, MD—Orthopedics,

Shawn E. Trokhan, MD—Orthopedics

10 Years
Ehab E. Tuppo, DO—Medicine, Alex Zapolanski, MD—Surgery

15 Years
Jonathan S. Dosik, MD—Medicine, Roxana G. Kline, MD—Surgery,

Marcus L. Williams, MD—Medicine

20 Years
Robert Baklajian, MD—Medicine, Vivian K. Bethala, MD—Medicine,

Holly D. Cullen, MD—Medicine, Patricia L. Murphy, MD—Medicine

30 Years
Savita Khosla, MD—Obstetrics & Gynecology, Henry Velez, MD—Medicine

35 Years
Mary Lee Harrison, MD—Pediatrics
NEW APPOINTMENTS TO THE MEDICAL STAFF

Name: Louis G. Petcu, MD  
Department: Otolaryngology Head & Neck  
Medical School: University of Pennsylvania School of Medicine  
Residency: Yale-New Haven Hospital, CT—Otolaryngology and Surgery  
Fellowship: Yale University School of Medicine, CT—Otolaryngology  
Tufts University School of Medicine, CT—Otolaryngology  
Practice: North Jersey Ear, Nose & Throat  
Office: 44 Godwin Avenue, Midland Park NJ

Name: Crystal Benjamin, MD  
Department: Family Practice  
Medical School: St. George’s University School of Medicine, Grenada  
Residency: University of Massachusetts Memorial Health Alliance Hospital, MA—Family Medicine  
Practice: Valley Medical Services—Hospitalist Physician  
Office: 223 North Van Dien Avenue, Ridgewood NJ

Name: Soung I. Cho, MD  
Department: Medicine  
Medical School: Universidad Nacional De Asuncion  
Residency: Jacobi Medical Center, NY—Internal Medicine  
Fellowship: Henry Ford Hospital, MI—Cardiovascular Diseases  
Practice: Heart & Vascular Associates of Northern Jersey  
Office: 22-18 Broadway, Fair Lawn, NJ

Name: Dina Dabaj, MD  
Department: Medicine  
Medical School: Faculty of Medicine, University of Aleppo, Syria  
Residency: Long Island College Hospital, NY—Internal Medicine  
Practice: Midland Park Family Medicine  
Office: 44 Godwin Avenue, Midland Park NJ

Name: Christiana R. Farkouh-Karoleski, MD  
Department: Pediatrics  
Medical School: New York Medical College, NY  
Residency: Mount Sinai Medical Center, NY—Pediatrics  
Fellowship: Children’s Hospital of Philadelphia—Neonatology  
Columbia Presbyterian Medical Center, NY—Genetics Research  
Practice: Valley Medical Services—Neonatology  
Office: 223 North Van Dien Avenue, Ridgewood NJ
NEW APPOINTMENTS TO THE MEDICAL STAFF (CONT.)

Name: Emily R. Felzenberg, DO  
Department: Medicine  
Medical School: New York College of Osteopathic Medicine, NY  
Residency: Union Hospital, NJ—Internal Medicine  
Newark Beth Israel Medical Center, NJ—Internal Medicine  
Practice: Valley Medical Services—Hospitalist Physician  
Office: 223 North Van Dien Avenue, Ridgewood, NJ

Name: Margaret A. Fonder, MD  
Department: Medicine  
Medical School: John Hopkins University School of Medicine, MD  
Residency: Rhode Island Hospital, RI—Dermatology  
Practice: North Bergen Dermatology Group  
Office: 400 Rt 17 South, Paramus NJ

Name: Punit R. Jariwala, MD  
Department: Medicine  
Medical School: Veer Narmad South Gujarat University, India  
Residency: Jamaica Hospital, NY—Internal Medicine  
Practice: Valley Medical Services—Hospitalist Physician  
Office: 223 North Van Dien Avenue, Ridgewood NJ

Name: Janet R. Pullockaran, MD  
Department: Anesthesiology  
Medical School: University of Medicine and Dentistry of New Jersey  
Residency: Weill Cornell Medical Center-Presbyterian Hospital, NY—Anesthesiology  
Practice: Bergen Anesthesia Group  
Office: 500 West Main Street, Wyckoff NJ

Name: Kathleen G. Reichard, DO  
Department: Emergency Medicine  
Medical School: University of New England College of Osteopathic Medicine  
Residency: Newark Beth Israel Medical Center, NJ—Pediatrics  
Fellowship: Montefiore Medical Center, NY—Pediatric Emergency Medicine  
Practice: Valley Emergency Room Associates  
Office: 223 North Van Dien Avenue, Ridgewood NJ
NEW APPOINTMENTS TO THE MEDICAL STAFF (CONT.)

Name: Yael Vidal, MD  
Department: Medicine  
Medical School: Technion, Israel Institute of Technology  
Residency: Beth Israel Medical Center, NY—Internal Medicine  
Practice: Radburn Medical Associates  
Office: 20-20 Fair Lawn Avenue, Fair Lawn NJ

Name: Evan L. Weissman, DO  
Department: Pediatrics  
Medical School: New York College of Osteopathic Medicine, NY  
Residency: North Shore University Hospital, NY—Pediatrics  
Practice: Tenafly Pediatric Associates  
Office: 32 Franklin Street, Tenafly NJ

Name: Danuta Stankiewicz, MD  
Medical School: University of Saint Eustatius Medical School, Netherlands  
Residency: Mountainside Family Practice, NJ—Family Medicine  
Practice: Valley Medical Group—Saddle Brook  
Office: 383 Market Street, Saddle Brook NJ
It may not seem that documentation and coding are utilization issues, but the final ICD-10 coded DRG are looked at critically to see if the diagnosis justifies our use of hospital resources. For example, utilization of a CT scan may indeed be indicated but difficult to justify if all we document is “fever, leukocytosis, and history of pancreatitis”. Our concern should be clearly stated, i.e., “sepsis from a pancreatic abscess.”

In that regard, it is important to know what documentation coders need to code “sepsis. This will be a big deal with CMS in the next year and we have an opportunity to get it right and prevent serious financial and quality measurement consequences.

Please review the coding criteria below and incorporate it into your documentation. Thanks.

### Diagnosis

<table>
<thead>
<tr>
<th>Needed to code</th>
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<tr>
<td>SIRS</td>
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<tr>
<td>Fever of greater than 100.4 or hypothermia with a temperature of less than 98.6</td>
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<tr>
<td>Leukocytosis, white blood cell count of greater than 12,000 cells per cubic millimeter</td>
</tr>
<tr>
<td>Leukopenia, white blood cell count of less than 4,000 cells per cubic millimeter</td>
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<tr>
<td>Tachycardia</td>
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<td>Hyperventilation</td>
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<tr>
<td>Sepsis</td>
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<tr>
<td>SIRS with a source of infection</td>
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<tr>
<td>Severe sepsis</td>
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<tr>
<td>Sepsis with organ failure (can be renal, cardiac, hepatic, respiratory, cardiac failure etc.)</td>
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<tr>
<td>Septic shock</td>
</tr>
<tr>
<td>Severe sepsis with circulatory collapse. Usually documented when fluids not enough and additional measures (pressors) needed</td>
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### Also Note

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<thead>
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<th>Also Note</th>
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<tr>
<td>Urosepsis</td>
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<tr>
<td>Not codable in ICD-10. Document “sepsis from UTI”</td>
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<tr>
<td>Septicemia</td>
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<tr>
<td>Term no longer used in ICD-10</td>
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<tr>
<td>Bacteremia</td>
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<td>Bacteria in the blood found on C&amp;S. for coders it usually means “asymptomatic”</td>
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CDI Tip-Of-The-Month: General Overview of Acute Renal Failure

Acute renal failure, frequently documented as acute kidney injury (A.K.I.) is a rapid loss of kidney function, usually within a period of hours or days. Acute renal failure/ injury is diagnosed on the basis of clinical indicators, such as increased levels of blood urea nitrogen (BUN) and serum creatinine (SCr) from patient’s baseline and decreased urine output.

3 criteria that have been utilized to guide professionals to determine the diagnosis of acute kidney injury: Risk, Injury, Failure, Loss, End-Stage Renal Disease 2004 (R.I.F.L.E) stages developed by the Acute Dialysis Quality Initiative, Acute Kidney Injury Network 2007 (A.K.I.N.), and Kidney Disease: Improving Global Outcomes 2012 (K.D.I.G.O.) which covers both A.K.I.N. and R.I.F.L.E.

A.K.I. is defined as any of the following:
- Increase in SCr by =/> 0.3 mg/dl within 48 hours; or
- Increase in SCr to =/>1.5 times baseline, which is known or presumed to have occurred within the prior 7 days; or
- Urine volume < 0.5 ml/kg/h for 6 hours.

Basic treatment plan options:
- Discontinue all nephrotoxic agents when possible
- Ensure volume status and perfusion
- Monitor serum creatinine and urine output
- Consider alternatives to radiocontrast procedures
- Avoid hyperglycemia

Etiologies of A.K.I are classified into three categories:
- Pre renal: diminished blood flow to the kidneys or volume loss; oliguria
- Intrinsic/ renal: diseases and disorders of the kidneys
- Post-renal: bilateral obstruction of urinary outflow; anuria

Reason for Queries
- When acute kidney injury (A.K.I.) is documented, if the clinical indicators for acute kidney injury are not met and/or there is no treatment plan, the provider will be queried by either Clinical Documentation Specialist (C.D.S.) or Coding staff (HIM) retrospectively.
- If there is lack of consistency in documentation in the medical record, the provider will be queried by CDS or coding staff.

The CDI specialist’s primary role is accurate documentation of Severity of Illness (SOI). Improving SOI and Risk of Mortality (ROM) levels provides a higher level of detail about a patient’s condition and the care that was provided. Appropriate documentation of diagnosis which includes clinical indicators and treatment plan strengthens hospital quality data and physician report cards by more accurately detailing the nature of the patient’s illness and expected outcomes.

Resources:
Documentation Best Practices

- Always document the diagnoses that contributed to the reason for admission.
- Indicate what additional diagnoses are present on admission (POA) which can be determined at any time during the encounter.
- Those conditions that were uncertain during the stay, but treated throughout the stay based on medical decision making or risk factors can be captured if documented as “suspected,” “probable,” “unable to rule out,” or “likely” at the time of discharge.
- Identify the significance of radiology/pathology/diagnostic test results including lab with a corresponding diagnosis in your documentation.
- Link each diagnosis to signs/symptoms/clinical indicators/descriptors and treatment.
- Link diagnoses to underlying etiology or manifestations whenever possible.
- Clearly identify conditions that have been ruled out and those resolved.
- Utilize consults to improve specificity of diagnoses, if agree, then confirm.

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<th>Key ICD-10 Diagnosis Documentation Concepts</th>
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<tr>
<td>Specific anatomical location</td>
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<td>Type (primary, secondary, unspecified)</td>
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<tr>
<td>Acuity (acute, subacute, chronic, acute on chronic, or unspecified)</td>
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<td>Trimester (1, 2, 3, unspecified)</td>
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For IP Procedures, Be Sure to Thoroughly Document...

- Procedure Intended:
- Procedure Performed (document reason for difference)
- Additional procedures performed:
- Procedure checklist*:
  - Device Identified:
  - What made the procedure difficult/longer:
  - Unusual findings:
  - Complication:
  - Accidental or complication? Due to:
    - Disease/condition
    - Patient characteristics
    - Surgery
    - Drugs

Procedure Checklist:
- Intent of procedure (root operation)
- Specific body part
- Approach
- Devices

For ED/OP Patients, Be Sure to Thoroughly Document...

- Chief Complaint
- History of present illness
- Review of systems and associated symptoms within each of the 14 body systems
- Relevant past, family or social history
- Number of diagnoses or treatment options
- Risk of complications or comorbid conditions
- Document the association between every test and the diagnosis
The Valley Hospital First in New Jersey to Achieve Gold Seal for Perinatal Care

The Valley Hospital Now Holds 13 Joint Commission Certifications

The Valley Hospital is pleased to announce that it has become the first hospital in New Jersey to earn The Joint Commission’s Gold Seal of Approval® for Perinatal Care.

The perinatal care certification brings Valley’s total number of Gold Seals to 13. Valley also holds certification in acute myocardial infarction, heart failure, hip and knee replacement, stroke, COPD and the following cancers: breast, colorectal, lung, pancreatic, ovarian/uterine and prostate.

Earning Disease-Specific Certification in 13 clinical areas places Valley among the top tier of hospitals in the country for this Joint Commission recognition. Of particular note, Valley holds more Gold Seals of Approval in cancer care than any other hospital in the country.

The Valley Hospital Honored with Cardiac Resuscitation Quality Achievement Award

The Valley Hospital has received the Get With The Guidelines®—Resuscitation Silver Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer in-hospital cardiac arrests.

The Get With The Guidelines—Resuscitation program was developed with the goal to save lives of those who experience in-hospital cardiac arrests through consistently following the most up-to-date research-based guidelines for treatment. Guidelines include following protocols for patient safety, medical emergency team response, effective and timely resuscitation (CPR) and post-resuscitation care.

More than 200,000 adults and children have an in-hospital cardiac arrest each year, according to the American Heart Association.

Specifically, The Valley Hospital was awarded for meeting specific measures in treating adult cardiac arrest patients. To qualify for the awards, hospitals must demonstrate compliance with these quality measures at a set level for one year.

Get With The Guidelines® is the American Heart Association/American Stroke Association’s hospital-based quality improvement program that provides hospitals with the latest research-based guidelines. Developed with the goal of saving lives and hastening recovery, Get With The Guidelines has touched the lives of more than 5 million patients since 2001. For more information, visit heart.org/quality or heart.org/QualityMap.
The Valley Hospital Named among America’s Best by Healthgrades

The Valley Hospital has been recognized by Healthgrades as one of America’s 100 Best™ hospitals for Orthopedic Surgery and one of America’s 50 Best™ hospitals for Vascular Surgery. This is the third consecutive year that Valley’s orthopedic surgery program has been recognized with this distinction.

Valley has also received the following noteworthy distinctions for 2016:

- Five-Star Recipient for Pacemaker Procedures
- Orthopedic Surgery Excellence Award for (3 years in a row)
- Joint Replacement Excellence Award (3 years in a row)
- Vascular Surgery Excellence Award

The Healthgrades 2016 Report to the Nation, which demonstrates how clinical care continues to differ dramatically between hospitals both nationally and regionally, and how this variation in care may have a significant impact on health outcomes. Valley’s superior ratings indicate that their clinical outcomes are statistically significantly better than expected when treating the condition or conducting the procedure being evaluated.

The complete Healthgrades 2016 Report to the Nation with detailed cohort-specific outcomes data, hospital-specific quality achievements, and detailed study methodology, can be found at healthgrades.com/quality.

Electric or Hybrid Plug-In Vehicle Charging Stations

As part of Valley’s commitment to sustainability and “green” practices, and in partnership with PSE&G, we are excited to announce that we have installed five charging stations for employees and physicians who drive electric or hybrid plug-in vehicles! These stations have been installed in five contiguous parking spaces on the lower level of the South Garage directly across from the hospital entrance.

These charging stations are available free of charge for employee and physician use while they are on duty at the hospital. Station use is first come, first served.

If you drive a plug-in vehicle, please take advantage of this wonderful opportunity to charge while you are at work!

The Tree of Light Will Shine With Your Remembrances

The Valley Hospital Auxiliary is pleased to announce the sale of lights for the Tree of Light & Reflecting Pool. Purchase a white light to remember someone special...celebrate a birth...wish someone well....or honor an exceptional person. The Tree of Light Ceremony and Reception will be held on Sunday, December 6, 2015 at 4:30 pm in the Shotmeyer Lobby of The Valley Hospital. Proceeds benefit the Auxiliary’s $1.5 million pledge to Valley Medical Group’s Child and Adolescent Mental Health Program and Valley Home Care’s Butterflies endowment. Brochures will be available throughout the hospital in mid-October. For more information, visit
Valley Medical Group Selected to Join Best Practices Heart Failure Collaborative

Valley Medical Group’s Heart Failure Outpatient Transitional Care program, led by Cardiologist Kari-anne Abbate, M.D., has been selected to participate in the American Medical Group Association’s (AMGA) “Best Practices in Managing Patients with Heart Failure” Collaborative. Valley’s practice was one of only 12 heart failure practices to receive a $10,000 grant toward expenses related to participating in the 12-month national forum, which starts this November.

“We are excited to collaborate with expert clinicians in the field of heart failure cardiology,” said Dr. Abbate. “I’m looking forward to sharing ideas and learning best practices from thought leaders in the field.” Other participants in the collaborative include Cleveland Clinic Foundation (Cleveland, OH), University of Pittsburgh Medical Center (Pittsburgh, PA), NorthShore University Health System (Evanston, IL), and Summit Medical Group (Berkeley Heights, NJ).

The Best Practices Heart Failure Collaborative provides participating organizations the opportunity to work together in a series of off-site and web-based meetings to learn and share the best approaches for performance measurement, patient care, and operational efficiency. One of the primary focuses will be reducing heart failure related readmission rates.

“Participation in the AMGA Best Practices in Managing Patients with Heart Failure Collaborative will give these groups mission-critical experience in engaging primary care and specialty departments in performance measurement and improvement for patients with heart failure and addressing the risk factors that contribute to this disease,” said Donald W. Fisher, Ph.D., CAE, president and chief executive officer of AMGA.

Dr. Abbate and her clinical team will specifically work with the collaborative on redesigning and standardizing their heart failure patient discharge process in a way that addresses the complexities that come with having many different people involved in a patient’s discharge, including the patient’s primary physician. “We will work on creating a standardized discharge process that better facilitates post-discharge coordination of patient care,” explains Dr. Abbate. “Having a more standardized discharge process will help reduce readmission rates and will have a positive impact on patient care.”

Valley’s Heart Failure Outpatient Transitional Care program started as a pilot project in 2012 with just a handful of patients; it now accommodates over 300 patients and is steadily increasing in size. The 30-day readmission rate for heart failure patients who participate in Valley’s program is 7.6 percent, which is significantly lower than the national average 30-day readmission rate, 21 percent. The program has approximately 2,500 outpatient encounters per year. Due to the increase in heart failure patients, developing a more standardized discharge process is essential.

One of the greatest strengths of Valley’s Heart Failure Outpatient program is its multidisciplinary team. “It takes a village to care for a patient with heart failure, and Valley has created a village with many talented and caring professionals to support patients and their families,” describes Dr. Abbate. “All team members strive to empower patients by providing education on heart failure disease management. We pride ourselves on timely communication.”
Valley Hospital Active Staff Meeting

TUESDAY, NOVEMBER 3, 2015

6:00 P.M. – SEASON’S RESTAURANT

SPECIAL PRESENTATION:

HOW WE CAN SUCCEED IN HEALTHCARE TRANSFORMATION

SPEAKER:

DR. JON BURROUGHS
THE BURROUGHS HEALTHCARE CONSULTING NETWORK

SEATS ARE LIMITED.

PLEASE CALL THE MEDICAL STAFF OFFICE AT 201-447-8020

TO RESERVE YOUR SEAT, DINNER WILL BE SERVED.
Cordially invite you to the

Human Relations Commission Conference

“Building Community Health During Stressful Times”

Featuring Presentations by:

Reverend Willard Ashley, M.Div., D.Min.
Rajinder P. Gandhi, M.D., Pediatric Surgeon

Achieving sustained focus, acceptance, patience, kindness, balance and enhanced resilience, joy and compassion, through the practice of Mindfulness and strengthened community awareness.

Tuesday, November 10, 2015
8:30 a.m.—12:00 p.m.

Ramapo College of New Jersey
Trustees Pavilion
505 Ramapo Valley Road • Mahwah, NJ 07430

The Conference is free. CEU credit is available. Light refreshments will be served.

Please RSVP by to Joann at (201) 336-7451 or
e-mail jcoppola@co.bergen.nj.us by Wednesday, November 4th.

James J. Tedesco III
Bergen County Executive

Board of Chosen Freeholders
Dr. Joan M. Voss, Chairwoman • Steven A. Tunelli, Vice Chairman • John A. Felice, Chair Pro Tempore
Maura R. DeNicola • David L. Ganz • Thomas J. Sullivan Jr. • Tracy Silna Zur
Noted Radiation Oncologist to Speak at Gamma Knife Dinner Presentation

The Valley Hospital Gamma Knife Center is pleased to welcome medical professionals to a complimentary dinner presentation

**Gamma Knife Radiosurgery: The Future of Radiosurgery**

featuring noted radiation oncologist

**Eric Chang, M.D., FASTRO**

Medical Director of Radiation Oncology at the USC Norris Comprehensive Cancer Center in Los Angeles, California

The program will be held on **Wednesday, November 11**

at Savini Restaurant and Lounge

186 W. Crescent Ave., Allendale

**Registration is at 6:30 p.m.**,  
with dinner and program at 7 p.m.

There is no fee to attend this event, but space is limited.  
To reserve your spot, please call 201-634-5427 or email jgaugle@valleynhealth.com by November 4
Save the Date

The Valley Hospital Auxiliary
Ridgewood Branch

The Holiday Soirée

on Friday, November 13, 2015 at 7 p.m.

Ridgewood Country Club, Paramus, NJ
The Valley Hospital
Mindfulness Practices for Daily Life
One Day Program

Mindfulness can bring us into the present moment. This mindful practice offers tools to support and strengthen your ability to be mindful in your daily life, cultivate awareness, and provide benefits for your mind/body/spirit.

The Valley Hospital
Saturday, November 14th, 2015
8:30 AM – 4:30 PM
Auditorium, Lower Level

Please register by contacting Janet Hamill, BSN, RN, HNB-BC
201-447-8279
Women and Heart Disease

Please join us as we welcome C. Noel Bairey Merz, M.D., as the inaugural speaker in our new lecture series.

Monday, November 16, 2015
7:30-9:00 a.m.
The Valley Hospital Auditorium

C. Noel Bairey Merz, MD, FACC, FAHA
Women's Guild Endowed Chair in Women's Health
Director, Barbra Streisand Women's Heart Center
Director, Linda Joy Pollin Women’s Heart Health Program
Director, Preventive Cardiac Center
Professor of Medicine
Cedars-Sinai

Dr. Bairey Merz is a thought leader in the field of women and heart disease. Her research interests include women and heart disease, stress and heart disease, the role of exercise and stress management in reversing heart disease, and the role of nutrition in heart disease. She is chair of the National Institutes of Health (NIH)-sponsored WISE (Women's Ischemic Syndrome Evaluation) initiative, which is investigating potential methods for more effective diagnosis and evaluation of coronary artery disease in women. Dr. Bairey Merz has received investigational grants from the NIH National Heart, Lung and Blood Institute, the NIH National Center for Alternative and Complementary Medicine, the Pfeiffer Foundation, The Eli and Edythe Broad Foundation, The Barbra Streisand Foundation, and the Women's Guild.
Annual Employee Holiday Party

Wednesday December 2, 2015
Sheraton Crossroads, Mahwah, NJ
7:00 P.M. - Midnight

Sponsored by the Medical Staff
for Valley Hospital employees and practitioners
(no guests)

Your Valley Hospital employee Picture I.D. badge is needed to gain admission to the Holiday Party.

Looking forward to seeing you there.
Michael Rahmin, M.D., President, Medical Staff

Please reply by completing the bottom of this invitation and forwarding it to:
Sandra Campitiello, Medical Staff Administration by November 27, 2015

_____ Yes I will attend the 2015 Employee Holiday Party

Printed Name: __________________________________________

Department: __________________________________________

Your Valley Hospital employee Picture I.D. badge is needed to gain admission to the Holiday Party.