ONE OF THE biggest changes Martha’s Vineyard Hospital has made to the way it delivers health care is the expansion of its hospitalist staff this June. Hospitalists are physicians whose primary focus is the care of hospitalized patients; Martha’s Vineyard Hospital now has three full-time and two mid-level providers devoted to this new service.

Dr. Jeff Zack, the Hospital’s director of emergency medicine, led the expansion of the hospitalist service over the past three years. He’s a logical person to have overseen this change because it’s usually the ER doctors who see patients first and then help decide the best place for them to receive further treatment – at home, perhaps in Boston or here at Martha’s Vineyard Hospital.

A central consideration driving this change, Dr. Zack says, is the difficulty the Hospital’s primary care physicians were experiencing in what for many years were their dual roles: seeing patients every day while also supervising their care if they were admitted.

“It’s become harder for primary care doctors to do both jobs,” says Dr. Zack. “If they have to do both, something has to give, and that usually comes in the form of not seeing more outpatients. So in a real sense, the demand for primary care on the Island has been a main driving force behind this change.”

Hospitalists are a proven and widely accepted part of the national health care scene, says Dr. Zack: “Hospitalist medicine has come into its own in the last ten years. This all evolved because it’s becoming harder and harder to practice inpatient and outpatient medicine at the same time – both from a regulatory standpoint, with all the paperwork involved, and from an economic standpoint as well.

“From a community standpoint, this is about opening up access to primary care physicians on the Island. By taking away this portion of their work, we’re freeing them up to see more patients in their offices.”

The hospitalist program means that fewer Vineyard inpatients will have to be transferred to Boston medical centers.

Hospitalists, because of their specialized training and because they spend all of their time in the acute care setting, are better equipped to care for people who are much sicker than the patients usually cared for by family physicians.

Now the Hospital’s primary care physicians can concentrate on their outpatient practices while the hospitalists concentrate on caring for inpatients. A hospitalist can be there to order tests, and then be there an hour later to view the results of those tests and make immediate decisions based on them. Their whole, undivided focus can be on the

Continued on page 4
A THREE-YEAR quest to bring modern information technology to Martha’s Vineyard Hospital, as part of a challenging set of government standards for the health care industry known as “Meaningful Use,” is making great progress.

Mike Cosgrave, the Hospital’s information services manager, has been overseeing the massive transformation. “We’ve been introducing a lot of change in a very short span of time,” Mr. Cosgrave says. “We started rolling out this software two years ago, building a pyramid of services, with the top of that pyramid being the physicians’ ability to order tests and procedures electronically. But before that can happen, you need an electronic formulary in place in your pharmacy, you need to have patient histories in the system, and you need to have the patient registered in the system properly.

“It really goes all the way back to the moment when a patient walks in the door.”

There have been many milestones during the process that leads to verification – a 90-day period that began in May to demonstrate the system meets certain requirements for Stage 1 of the standards.

• October 2013: Electronic system for clinical documentation went live for all the Hospital’s nurses.

• February 2014: Bedside verification of medications went live using barcodes that match each medication with a patient’s medical record.

• April 2014: The last piece of the Hospital’s comprehensive new electronic system – the Emergency Department Information System – went online.

• June 2014: Launch of Patient Gateway

This transition has meant learning new skills, for almost every member of the Martha’s Vineyard Hospital staff.

His best allies have been what Mr. Cosgrave calls his “super-users,” members of the staff who have embraced this new technology and given him feedback as each new system is implemented. “We involve a core team for each new piece of software, and we rely on them heavily for guidance to make it better.” Many nurses, physicians, and pharmacists have contributed to the implementation of the new technology. These clinicians were involved with the design, testing, and rollout of the new software.

The Hospital’s transition to electronic medical records is partly about meeting a government standard, but Mr. Cosgrave says the more important bottom line is the quality of medical care. The Hospital’s new electronic systems will help eliminate the cost and inconvenience of duplicated medical tests, improve patient safety and privacy, and will enable healthcare providers to analyze trends across populations with a precision that’s never been possible before.

Continued on page 4

Treating a 5th Vital Sign

PAIN IS the fifth vital sign,” says Dr. Sanjeev Chhangani, chief of anesthesiology at Martha’s Vineyard Hospital. “There’s heart rate, blood pressure, body temperature, respiration – and pain.”

Of all the human vital signs, pain may be the most difficult to measure – no thermometer or stethoscope can help a doctor here – but that hardly makes it less medically urgent. And now the anesthesiology department at Martha’s Vineyard Hospital (MVH) has expanded to include a pain medicine program that connects Island patients with the expertise of the Center for Pain Medicine at Mass General Hospital.

The program, organized last fall, involves consultations by telemedicine with doctors in Boston on three Wednesdays a month. And on two days each month – the schedule was doubled this spring to meet Island demand – doctors perform procedures at MVH that previously were available only in Boston.

This new program is meeting a clear and urgent Island need. The Island pain medicine program has had more than 100 transactions with clients in its first six months. Cheryl Kram, RN, a member of the clinic’s team, says, “Low back pain is the most common complaint. Patients we see have degenerative disease along their spine. We see patients with headaches. We’ve had patients with other nerve issues. We’re advising as well as treating. By having this connection with Mass General, it opens other connections for our patients with services they can provide.”

Supervising the program and making regular visits to treat Island patients is Dr. George Hanna, anesthesiologist and pain management physician at the Center for Pain Medicine at Mass General. Pain medicine services being performed now at Martha’s Vineyard Hospital include procedures which, until recently, weren’t available here: steroid injections, joint injections, trigger point injections, nerve blocks, and radio frequency lesioning are among them.

Mass General Hospital has been providing anesthesiology services to Martha’s Vineyard Hospital since June of 2011, according to Dr. Chhangani. “Before Mass General took over anesthesia here,” he says, “the trend was just to symptomatically treat the pain. With this service, our goal is to provide more comprehensive assessment and continuity of care.”

This new program is meeting a clear and urgent Island need. The Island pain medicine program has had more than 100 transactions with clients in its first six months. Cheryl Kram, RN, a member of the clinic’s team, says, “Low back pain is the most common complaint. Patients we see have degenerative disease along their spine. We see patients with headaches. We’ve had patients with other nerve issues. We’re advising as well as treating. By having this connection with Mass General, it opens other connections for our patients with services they can provide.”

Supervising the program and making regular visits to treat Island patients is Dr. George Hanna, anesthesiologist and pain management physician at the Center for Pain Medicine at Mass General. Pain medicine services being performed now at Martha’s Vineyard Hospital include procedures which, until recently, weren’t available here: steroid injections, joint injections, trigger point injections, nerve blocks, and radio frequency lesioning are among them.

Mass General Hospital has been providing anesthesiology services to Martha’s Vineyard Hospital since June of 2011, according to Dr. Chhangani. “Before Mass General took over anesthesia here,” he says, “the trend was just to symptomatically treat the pain. With this service, our goal is to provide more comprehensive assessment and continuity of care.”

Ms. Kram agrees wholeheartedly. “We’re not saying medication, medication, medication. It could mean yoga, aqua therapy, physical therapy. We look at nontraditional approaches, for lack of a better word. Because when pain is chronic, we’re not going to stop the pain entirely. The misconception some patients have is that their pain is going to be zero. What we ask our patients is where does your pain need to be for you to be able to

Continued on page 4
Welcome Back, Dr. Koehler

A PRACTICING physician for 25 years, surgeon Richard Koehler, M.D. was graduated magna cum laude from Boston College and earned his medical degree from Tufts University School of Medicine. He completed his postgraduate work at the National Institute of Health/Heart, Lung and Blood Institute and Tufts New England Medical Center in General Surgery. A board-certified surgeon, he specializes in abdominal laparoscopic surgery.

Dr. Koehler is a member of the New England Surgical Society, Boston Surgical Society, American Hernia Society, and the Cross and Crown Honor Society at the College of Arts & Sciences at Boston College. He is also a Fellow of the American College of Surgeons.

Appointments or referrals may be made by calling 508-693-9012.

Partners HealthCare: Recognizing Excellence

THIS YEAR, Windemere again received high marks from the Massachusetts Department of Public Health during their annual survey, with no deficiencies noted. Almost equally rewarding, exterior renovations were finally completed, giving a bright and much needed face-lift to the nearly 20-year-old building.

FOR THE third year in a row, Windemere was listed as a top nursing home by U.S. News and World Report. In February, the publication released findings for facilities in every state covering almost 16,000 nursing homes nationwide. For more information, visit www.usnews.com/best-nursing-homes.

CONTINUING its creative and innovative programming, this year Windemere launched “The Memory Café,” held on the third Friday of each month. This is a community event, open to anyone with memory loss and their caregivers. The Café provides a place to socialize, enjoy light refreshments and some musical entertainment. There is no cost and no reservations are required. For more information, please call 508-862-1933.

NEWS FROM WINDEMERE

Even Members of the Martha’s Vineyard Hospital staff were honored for their outstanding service at the annual Partners in Excellence Awards Ceremony, held on April 4th. Individual awards went to Dr. Sanjeev Chhangani, director of anesthesiology, for his leadership of the medical staff on pre and post-op care, improving care in the ICU and organizing and teaching courses on new critical care concepts; to lab director Lena Prisco, Ph.D., for her outreach between the laboratory and the patient accounts department to improve billing practice issues; and to Janine Thatcher Moresi from Windemere for the extraordinary care she provides to residents in the memory care unit.

The team award was given to the Meditech Nursing Documentation Build Team for their collaboration, mentoring and willingness to put in the extra time required to help build the documentation tools for implementation of the patient care unit electronic medical record system. The team included nurses Tamara Dinkel, Helen Green, Laura Hilliard and June Miller.

On May 5th, Dr. Timothy Guiney was appointed as the first recipient of The Paul Dudley White, M.D. Distinguished Service Chair in Cardiology in honor of his 40-year career at Massachusetts General Hospital. With a long history in caring for patients with heart disease, beginning with Dr. Paul Dudley White, the father of American cardiology, Mass General has fostered a culture where cardiologists uphold an unwavering commitment to compassionate care for their patients and families.

Like Dr. Guiney, Dr. White was born in Boston and educated at the Harvard Medical School. In 1913, Dr. White worked in London with Sir Thomas Lewis. He brought the first electrocardiogram to MGH and established the specialty in diseases of the heart. Dr. White’s distinguished career was marked by many honors including the presidency of the American Heart Association and the Presidential Medal of Freedom. Dr. Guiney embraced the principle and practice style of Dr. White and has provided extraordinary care for his patients in Boston, on the Vineyard and around the world.

Honors for Dr. Guiney

On May 5th, Dr. Timothy Guiney was appointed as the first recipient of The Paul Dudley White, M.D. Distinguished Service Chair in Cardiology in honor of his 40-year career at Massachusetts General Hospital.

With a long history in caring for patients with heart disease, beginning with Dr. Paul Dudley White, the father of American cardiology, Mass General has fostered a culture where cardiologists uphold an unwavering commitment to compassionate care for their patients and families. Like Dr. Guiney, Dr. White was born in Boston and educated at the Harvard Medical School. In 1913, Dr. White worked in London with Sir Thomas Lewis. He brought the first electrocardiogram to MGH and established the specialty in diseases of the heart. Dr. White’s distinguished career was marked by many honors including the presidency of the American Heart Association and the Presidential Medal of Freedom. Dr. Guiney embraced the principle and practice style of Dr. White and has provided extraordinary care for his patients in Boston, on the Vineyard and around the world.
patient in the hospital.

Expanding the hospitalist program almost certainly means that fewer Vineyard patients will have to be transferred from Martha’s Vineyard Hospital. “We understand the hardship involved in having to go off-Island,” says Dr. Zack, “when you’re already facing a precarious medical situation. Here you are, perhaps the sickest you’ve been in your life, transferred to a place where you don’t have the same support from your family and friends. We all realize that every time we send somebody up north, and we don’t take that decision lightly.

“In the ER, we discuss what might be the best place for a patient to go next – it might be home, or Boston, or here. If we think the best place for that patient is here, we review the case with a hospitalist to determine the next best steps. With this new hospitalist service, Martha’s Vineyard Hospital is going to be able to take care of more people right here at home. This makes sense for the Hospital from a business standpoint, but more important, it makes sense from the standpoint of our service to the community.”

30th Vital Sign continued from page 2

function? We’re trying to be mindful about where each patient is and what will benefit them. And we do talk to patients about getting off of narcotics, because long-term, they’re just not the best way to manage pain.

One of the central satisfactions of his work as an anesthesiologist, says Dr. Chhangani, is the simple experience of bringing relief to a person in pain. “In anesthesia and critical care, you see such quick results. You see how the patient feels after the pain is taken care of. The other day we treated a person with a fractured humerus – and when we administered the nerve block, it took care of her pain right away. An internist or office physician might order tests, wait for the results to come back, prescribe medications and then wait. In anesthesia we see the results right away, and it’s very satisfying.”

The Island’s new pain medicine program grew out of Dr. Chhangani’s conversations with physicians at MVH who sought his help referring their patients to the Boston pain center. A dialogue grew out of his referrals, and the new program was born. “Now,” says Dr. Chhangani, “they can see a physician via telemedicine; they can make the initial assessment, and if a procedure needs to be scheduled we can get it done right here.”

Concludes Dr. Chhangani: “It’s meeting a real need here on the Island, and so far it’s been a huge success.”

To participate in the Pain Clinic Program, a referral from your physician is required.

Electronic Records continued from page 2

The latest, most visible piece of the Hospital’s digital revolution went live in June, when Partners HealthCare, the parent company of Martha’s Vineyard Hospital, launched its Patient Gateway, which enables patients at Martha’s Vineyard Hospital to log onto a secure website soon after their discharge and access their own complete medical record. “From the Partners Gateway,” Mr. Cosgrave says, “you can log in securely and view your history, download it, and transmit it elsewhere if you want to.”

He is convinced this innovation will work to everyone’s benefit. “Engaging patients with their health care,” he says, “will improve health outcomes and help drive down costs all by itself.”

Volunteer Service Awards

This April, Martha’s Vineyard Hospital and Windemere recognized their volunteers with a luncheon and awards for hours of service. Cynthia Schilling was honored as Volunteer of the Year for her dedication and professionalism in her role as a greeter at the information desk and her willingness to always lend a hand wherever needed.

Volunteers Honored

100 Hours
Rachel Berman
Chantal Booker
Samantha Bunker
Carroll Buress
Alexander Campbell
Marianne Cerniglia
Roger Colla
Rae Filley
Ann Floyd
Imani Foster
Luke Sudarsky
Sophie Ulyatt
Marilyn Wey

500 Hours
Lorna Andrade
Karen Bressler
Mary French
Deborah Glasser
Patricia Harris
Darlene Pachico
Elizabeth Searle
Nancy Tesch

1000 Hours
Jonathan Alden
M. Anne Cummings
Marianne Honey
Angela Rhoderick