RWJBarnabas HEALTH | Community Medical Center

Department Chairs

Welcome Guide Manual

Version 1: May 2024

Contents

Letter from Meika Neblett, Community Medical Center Chief Medical Officer 3
Letter from Mark E. Manigan, RWJBH President & CEO and Andy Anderson, RWJBH Chief Medical and Quality Officer 4
RWJBarnabas Health Infographic 5
RWJBarnabas Health – System Leadership 6
RWJBarnabas Health Entities Leadership 7
Community Medical Center Leadership 9
Community Medical Center Nursing Leadership 10
Community Medical Center Medical Staff Office Contact Information and Resources 11
Community Medical Center Department Chairs Contact Information 12
Community Medical Center Meetings and Committees 13
Department Chair & Chief Key Processes 14
- Academics 15
- Aligning with the Health System 16
- Change Management 17
- Crucial Conversations 18
- Disclosure 20
- Diversity, Equity & Inclusion 21
- Hospital Operations – Length of Stay 23
- Human Resources 24
- Journey Towards High Reliability & Safety Together 27
- Meeting Management 28
- Optimizing the Value of the EMR 30
- Patient Experience 33
- Physician Compensation – Contracting 35
- Physician Compensation – Recruiting 36
- Provider Wellness 37
- Population Health 38
- Professionalism 40
- Quality Improvement 42
- Transition from Peer to Leader 45
- Workplace Violence Prevention 46

Updates and Revisions Tracking 48

RWJBarnabas HEALTH | Community Medical Center

Letter from Meika Neblett, Community Medical Center Chief Medical Officer

Dear Physician Colleague,

Thank you for your dedication to the role of Department Chair at Community Medical Center. Your role in our organization is paramount to our success in providing excellent care to our patients and communities.

As a physician leader, I appreciate your ability to role model, coach, build accountability and continue to drive our organizational and system commitments to safety, quality, patient experience and team engagement. I know there are times when you may wish to learn more on your professional journey as a physician leader, you may have a challenge you need to address, or contact information you may need. This manual intends to fulfill some of that purpose.

Along with my physician leader colleagues across the system, we developed the topics and content to specifically be tailored to your needs as a Department Chair. We hope you utilize the contact information, the summaries and resource links to the fullest extent. Please reach out with any questions or concerns, and with any feedback on the manual.

Thank you!

-Meika

Meika T. Neblett, MD, MS
Chief Medical Officer
Chief Quality Officer
Chief Academic Officer
RWJBarnabas Health

Letter from Mark E. Manigan, RWJBH President & CEO and Andy Anderson, RWJBH Chief Medical and Quality Officer

Dear Physician Colleague,

On behalf of RWJBarnabas Health, we deeply appreciate the significant contributions and leadership each of you bring to our organization. Your unwavering dedication, compassion and expertise continue to have a profound and positive impact on the lives of your fellow physicians, as well as our patients and communities.

The enclosed manual was curated as an overview pertinent to your role as a key physician leader. We understand the immense responsibility and dedication required to provide exceptional patient care and simultaneously help your team advance the organization in safety, quality, patient experience and provider engagement. Leaders from across our enterprise have helped create this manual to serve as a guiding companion throughout your professional journey, with information and resources to aid you in navigating the complexities of your roles. While by no means exhaustive, it consolidates many key contacts and resources, and offers guidance on various clinical, leadership, administrative and operational matters.

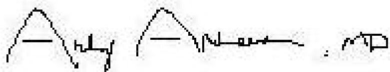
Thank you for your leadership and commitment to the communities that we serve, and we hope that this resource helps inform and inspire you along that path.

With warm regards,

Mark E. Manigan

President & CEO

RWJBarnabas Health



Andy Anderson, MD

Chief Medical and Quality Officer

RWJBarnabas Health

Let's be healthy together.

5,547 Beds

38,000 Employees

9,000 Physicians

5,500 Volunteers

200,000 Admissions

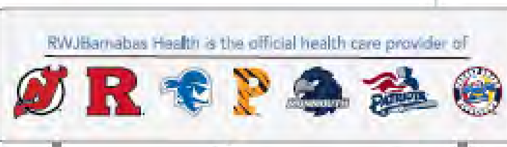
23,000 Births

596,000 ED visits

2 million Outpatient visits

300,000 Mobile Health Visits

250,000 Telehealth visits



12 Acute care hospitals
including 5 teaching hospitals and an academic medical center

4 Children's hospitals
including a nationally renowned pediatric rehabilitation hospital and its network of outpatient centers

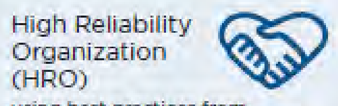
1 Free-standing behavioral health center
the state's largest behavioral health network

Medical groups with primary and specialty care physician practices

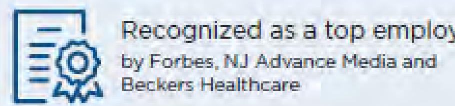
Enhanced access to Outpatient Services
Satellite Emergency Department
Ambulatory Care Centers
Accountable Care Organization
Clinically Integrated Network
Comprehensive Hospice and Home Care Programs
Multiple-site Radiology and Pharmacy Services

Creating a **world-class academic health system** with Rutgers University

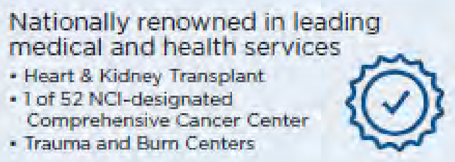
Countless Awards
Equity of Care
Modern Healthcare
HealthCare's Most Wired™
Magnet Recognized
U.S. News & World Report
Leapfrog Group



High Reliability Organization (HRO)
using best practices from industries such as nuclear power, aviation and manufacturing. All physicians, management, and employees trained in robust HRO practices.



Recognized as a top employer
by Forbes, NJ Advance Media and Beckers Healthcare



Nationally renowned in leading medical and health services
- Heart & Kidney Transplant
- 1 of 52 NCI-designated Comprehensive Cancer Center
- Trauma and Burn Centers

Partnering with local non-profit organizations in our communities through our Social Impact and Community Investment Practice

RWJBarnabas Health – System Leadership

as of 6/5/2024

https://www.rwjbh.org/why-rwjbarnabas-health-/leadership/

Role	Name
President and CEO	Mark Manigan
Chief Operating Officer	John Doll
Chief Medical & Quality Officer	Andy Anderson
Chief Nursing Officer	Nancy Holecek
Chief Human Resources Officer	Mary Deno
Chief Financial Officer	Frank Pipas
Chief Information Officer	Rob Adamson
Chief Health Information Officer	Steven O'Mahony
Chief Health Equity & Transformation Officer	Paul Alexander
Chief Marketing & Communications Officer	Michael Knecht
Chief of Staff	Indu Lew
Chief Strategy Officer	Patrick Knaus
General Counsel	David Mebane
Chief Pharmacy Officer	Robert Pellechio
Vice President, DEI	Suzette Robinson
President, Northwest Region	Tom Biga
President, Northeast Region & Medical Group	Michael Prilutsky
President, Southern Region	Bill Arnold

System Service Line Leadership	
Role	**Name**
SVP, Children's Services	William Faverzani
SVP, Behavioral Health	Frank Ghinassi
SVP, Oncology Services	Steven Libutti
SVP, Women's Services	Suzanne Spernal
SVP, Cardiovascular Services	Gary Rogal
SVP, Emergency & Hospitalist Services	Christopher Freer
SVP, Neuroscience Services	Suhayl Dhib-Jalbut
SVP, Orthopedic Services	Frank Liporace
SVP, General Surgery, Northern Region	Adam Kopelan

RWJBarnabas HEALTH | Community Medical Center

RWJBarnabas Health Entities Leadership

as of 6/5/2024

Acute Care Sites	Location	Leadership
Cooperman Barnabas Medical Center (CBMC)	Livingston, NJ	CEO: Richard Davis COO: Jennifer O'Neill CMO: Michael Loftus
Community Medical Center (CMC)	Toms River, NJ	CEO: Patrick Ahearn COO: Aaron Hajart CMO: Meika Neblett
Clara Maass Medical Center (CMMC)	Belleville, NJ	CEO: Mary Ellen Clyne CMO: Frank Dos Santos
Jersey City Medical Center (JCMC)	Jersey City, NJ	CEO: Michael Prilutsky COO: Carla Hollis CMO: Ijeoma Akunyili
Monmouth Medical Center (MMC)	Long Branch, NJ	CEO: Eric Carney CMO: Kenneth Granet
Monmouth Medical Center Southern Campus (MMCSC)	Lakewood, NJ	CAO: Phil Passes CMO: Charles Markowitz (interim)
Newark Beth Israel Medical Center (NBIMC)	Newark, NJ	CEO: Darrel Terry COO: Amy Doran CMO: Charles Cathcart
RWJ University Hospital – New Brunswick (RWJUH-NB)	New Brunswick, NJ	CEO: Alan Lee CMO: Andy Anderson (interim)
RWJ University Hospital – Hamilton (RWJUH-Ham)	Hamilton, NJ	CEO: Lisa Breza (interim) CMO: Seth Rosenbaum
RWJ University Hospital – Rahway (RWJUH-Rah)	Rahway, NJ	CEO: Kirk Tice CMO: Carol Ash
RWJ University Hospital – Somerset (RWJUH-Som)	Somerville, NJ	CAO: Patrick Delaney CMO: Salvatore Moffa
Trinitas Regional Medical Center	Elizabeth, NJ	CEO: Nancy DiLiegro CMO: John D'Angelo

Non-Acute Care Sites	Location	Leadership
Barnabas Health Behavioral Health Center (BHBHC)	Toms River, NJ	CEO: Deanna Sperling COO: Jason Vigliarolo Medical Director: Arnold Williams
Children's Specialized Rehab (CSH)	New Brunswick, NJ & Other	CEO: Matthew McDonald CMO: Colin O'Reilly
Barnabas Health Medical Group (BHMG)	Throughout NJ	President: Michael Prilutsky CMO: Josh Bershad
Jag-One	Throughout NJ	Joint-Venture
Visiting Nurse Association (VNA)	Throughout NJ	Joint-Venture
AmSurg	Throughout NJ	Joint-Venture

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Community Medical Center Leadership

as of 6/21/2024

Role	Name	Email	Phone
Chief Executive Officer	Patrick Ahearn	Patrick.ahearn@rwjbh.org	973-975-8822
Chief Operating Officer	Aaron Hajart	Aaron.Hajart@rwjbh.org	732-675-9177
Chief Medical Officer	Meika Neblett	Meika.neblett@rwjbh.org	201-240-3880
Chief Nursing Officer	Donna Bonacorso	donna.bonacorso@rwjbh.org	732-597-0437
VP of Operations	Neil Bryant	Neil.bryant@rwjbh.org	732-228-2688
Chief Human Resource Officer or VP of HR	Debbie Patti	Debbie.patti@rwjbh.org	973-477-8500
Site Finance Officer	Chris Reidy	Christopher.reidy@rwjbh.org	732-239-7307
Chief Academic Officer	Meika Neblett	Meika.neblett@rwjbh.org	201-240-3880
Foundation Leadership	Jennifer Shufran	Jennifer.shufran@rwjbh.org	732-966-6334
Director of DEI	Karen Rawls	Karen.rawls@rwjbh.org	609-346-4935
Service Line Lead Cariology	Stephanie Cron	Stephanie.cron@rwjbh.org	908-601-4631
Service Line Lead Surgical Services	Joseph Cavanaugh	Joseph.cavanaugh@rwjbh.org	848-986-6994
Service Line Lead Neuroscience	Kimberly Garner	Kimberly.garner@rwjbh.org	609-713-1702

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Community Medical Center Nursing Leadership

as of 6/21/2024

***Nursing leadership may change; please reach out to CNO for updates**

Nursing Department	Nurse Leader Name	Email
CNO	Donna Bonacorso	donna.bonacorso@rwjbh.org
AVP Nursing	Stephanie Cron	Stephanie.cron@rwjbh.org
AVP Nursing	Kim Clements	kimberly.clements@rwjbh.org
Admin. Director- ED	Nicole Jackson	nicole.jackson3@rwjbh.org
Admin. Dir. - Periop	Kathleen Saitta-Martinez	kathleen.saitta-martinez@rwjbh.org

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Community Medical Center Medical Staff Office Contact Information and Resources

as of 6/21/2024

Role	Name	Email	Preferred Phone
Medical Staff Office Director	Iris Iliopoulou	Iris.iliopoulou@rwjbh.org	732-557-4021
Administrative Coordinator	Theresa Nielsen	Theresa.nielsen@rwjbh.org	732-557-8059
Credentialing Coordinator	Susan Heck	Susan.heck@rwjbh.org	732-557-8054
Administrative Coordinator	Jennifer Kuzma	Jennifer.kuzma@rwjbh.org	732-557-8527

Resources:

Link to Verge Credentialing: https://vc1.verge-solutions.com/vadmin/login.aspx

- Link to Facility Bylaws: https://www.rwjbh.org/community-medical-center/for-healthcare-professionals/for-providers/medical-staff-office/forms-documents/
- Link to OPPE/FPPE Policy: https://www.rwjbh.org/community-medical-center/for-healthcare-professionals/for-providers/medical-staff-office/forms-documents/
- Step by step of the application process for providers seeking credentialing:
    1. Application requested
    2. Verge forms and cover letter sent
    3. Data entered into Verge site when complete packet received (application request, CV, photo ID and photo). Notarized photo is still required before application deemed complete.
    4. Verge prepares online application and sends link to provider via email
    5. Application is processed and when it is deemed complete, the applicant interviews with Chairperson of Department and the Section Chair (if applicable)
    6. Upon completion of interview(s), the applicant receives an invitation to the upcoming Credentials Committee Meeting
    7. When recommended for approval by CC, file is presented at MEC and finally to BOT for final stamp of approval. This process can take up to 90 days and that does not include the amount of time it takes for the approval process to occur

RWJBarnabas HEALTH | Community Medical Center

Community Medical Center Department Chairs Contact Information

as of June 21, 2024

Department	Name	Email	Phone
Anesthesia	Barnard Lane, MD	Bernard.lane@rwjbh.org	917-861-8710
Emergency Medicine	Gerardo Chiricolo, MD	Gerardo.chiricolo@rwjbh.org	201-725-7680
Medicine	William Strazzella, DO	wstrazzella@yahoo.com	732-575-6595
Gastroenterology	Edgar Bigornia, MD	gidoc477@gmail.com	732-678-6595
Nephrology	Jose Iglesias, MD	jiglesias23@gmail.com	732-691-3668
Pulmonary	Dhiren Shah, MD	dhirenshahmd@gmail.com	908-421-1661
Hematology/ Oncology	Gurpreet Lamba, MD	gurulamba@gmail.com	914-282-8344
Cardiology	Najib Alturk, MD	najibalturk@yahoo.com	732-672-8609
OB/GYN	Gerardo Lopez, MD	Mayagerrytroga@hotmail.com	732-674-5552
Family Medicine	Dennis Novak, MD	dennisnovakmd@gmail.com	732-674-3406
Orthopedics	Michael J. Pensak, MD	mpensak@gmail.com	516-330-2606
Neurology	Tejas Deliwala, MD	Neurologicalcarecenter@gmail.com	732-447-6841
Pathology	Randah Al-Kana, MD	randahalkana@gmail.com	732-241-0194
Pediatrics	Christina Piela, MD	krysia1058@aol.com	908-433-4865
Podiatry	Megan Lubin, DPM	lubinmegan@gmail.com	302-743-4948
Radiology	Douglas Gibbens, MD	dtgib@aol.com	732-539-8714
Ophthalmology	Elyse Trastman-Caruso, MD	elyse13md@yahoo.com	732-915-1472
ENT	Steven Kupferberg, MD	liukuf@comcast.net	732-278-7528
Urology	Peter Howard, MD	Peterhoward0321@gmail.com	732-614-1642
Surgery	Steven Priolo, MD	spriolo100@gmail.com	732-259-1573
General Surgery	Steven Priolo, MD (Chair)		
Neurosurgery	Richard Hartwell, MD	DrBrainWell@gmail.com	732-691-6801
Oral Surgery	Elisa Velzaquez, MD	evdmd@yahoo.com	908-433-3608
Plastic Surgery	Russell Ashinoff, MD	rashinoffmd@tpscnj.com	917-363-3036
Colorectal Surgery	Jane Park, MD	Janemd.park@rwjbh.org	732-575-3113
Robotics	Steven Lowry, MD	dr.steven.lowry@rwjbh.org	732-861-4025
Thoracic Surgery	Peter Scalia, MD	pscalia@jsctvmds.com	908-675-6494
Breast	Sumy Chang, MD	sumychang@yahoo.com	732-963-5771
Bariatrics	Steven Binenbaum, MD	Biniemd@gmail.com	201-873-2730
Vascular Surgery	Vijay Kamath, MD	drvijaykamath@gmail.com	347-617-6343

RWJBarnabas HEALTH | Community Medical Center

Community Medical Center Meetings and Committees

as of 6/21/2024

	Meeting Info	Point of Contact
Daily Site-Wide Safety Huddle	8:30 am daily, in person M – F, Administrative Lobby	Alexis Mutaugh
Medical Executive Committee	Monthly 2nd Tuesday of the month, 6pm	Iris Iliopoulou
Mortality Review Committee	Monthly, 3rd Tuesday of the month at 7:30a	Laila Reed
Peer Review Committee	Beginning of every department meeting	Laila Reed
Department Chairs Bi-Monthly Meeting	As needed	Meika Neblett

Department Chair & Chief Key Processes

Topic	Presenters
Academics	Dr Joe Jaeger, MD – DIO, Monmouth Medical Center Dr Franz Smith, MD – DIO, Cooperman Barnabas Medical Center
Aligning with the Health System	Dr Andy Anderson, MD – CMO/CQO, RWJBarnabas Health Dr Colin O'Reilly – CMO, Children's Specialized Hospital
Change Management	Dr Michael Loftus – CMO, Cooperman Barnabas Medical Center Dr Ijeoma Akunyili – CMO, Jersey City Medical Center
Crucial Conversations	Dr Charles Cathcart – CMO, Newark Beth Israel Medical Center Dr John D'Angelo – CMO, Trinitas Regional Medical Center
Disclosure	Dr Salvatore Moffa – CMO, RWJUH-Somerset Dr Kenneth Granet – CMO, Monmouth Medical Center
Diversity, Equity & Inclusion	Dr Meika Neblett – CMO, Community Medical Center Dr Seth Rosenbaum – CMO, RWJUH-Hamilton
Hospital Operations – Length of Stay	Dr Maninder "Dolly" Abraham – Director of Hospitalist Services, RWJBarnabas Health Dr Seth Rosenbaum – CMO RWJUH-Hamilton
Human Resources	Dr Christopher Freer – SVP, ED & Hospitalist, RWJBarnabas Health Mary Deno – Chief Human Resources Officer, RWJBarnabas Health Dr Colin O'Reilly – CMO, Children's Specialized Hospital
Journey towards High Reliability & Safety Together	Emily Halu – VP High Reliability, RWJBarnabas Health Dr Colin O'Reilly – CMO, Children's Specialized Hospital
Meeting Management	Dr Frank Dos Santos – CMO, Clara Maass Medical Center Dr Meika Neblett – CMO, Community Medical Center
Optimizing the Value of the EMR	Dr Stephen OMahony – Chief Health Information Officer, RWJBarnabas Health
Patient Experience	Jill Anderson – VP Patient Experience, RWJBarnabas Health Dr Marc Milano – Medical Director, ED Newark Beth Israel Medical Center
Physician compensation – Contracts	Kelly Fulton – SVP, Business Development, RWJBarnabas Health Dr Joshua Bershad – EVP, RWJBarnabas Health Medical Group
Physician compensation – Recruitment	Kelly Fulton – SVP, Business Development Dr Joshua Bershad – EVP, RWJBarnabas Health Medical Group
Physician Wellness	Dr Joshua Bershad – EVP, RWJBarnabas Health Medical Group Dr Chantal Brazeau – Chief Wellness Officer, Rutgers University
Population Health	Dr Ethan Halm – Deputy Chief Population Health Officer, RWJBarnabas Health Dr Ijeoma Akunyili – CMO, Jersey City Medical Center
Professionalism	Dr Carol Ash – CMO, RWJUH Rahway Dr Michael Loftus – CMO, Cooperman Barnabas Medical Center
Quality	Deborah Larkin-Carney – SVP, Safety, Quality & Experience, RWJBarnabas Health Dr John D'Angelo – CMO, Trinitas Regional Medical Center
Transition from Peer to Leader	Dr Andy Anderson, MD – CMO/CQO, RWJBarnabas Health Dr Kenneth Granet – CMO, Monmouth Medical Center
Workplace safety/violence prevention	Landon Turner – SVP, Chief Security and Safety Officer, RWJBarnabas Health Emily Halu – VP High Reliability, RWJBarnabas Health

Academics

Why this is important to me as a Department Chair/Chief:

RWJBarnabas Health participates in the full spectrum of academics – including premedical (high school and college), undergraduate (medical school), graduate (residencies and fellowships), and continuing medical education, as well as clinical trials, outcomes studies, and translational research. Training tomorrow's health care workforce and providing access to cutting-edge technologies and treatments are central to providing high quality patient care, improving access for our communities, and enhancing a culture of innovation. Chairs and Chiefs are critical in prioritizing academics as a strategic asset and establishing a professional clinical working and learning environment in their departments and sections.

What I need to know – Executive Summary:

RWJBarnabas Health partners with Rutgers Health, which is the formal academic sponsor of our graduate medical education programs (GME). Together we are one of the largest medical education systems in the country, with over 1,650 physicians-in-training in 128 programs. Andy Anderson, MD, system Chief Medical and Quality Officer (CMO/CQO), and Michael Loftus, MD, Interim System CMO for Academic affairs, support academics across RWJBarnabas Health. Sherry Huang, MD, is the Rutgers Vice Chancellor for GME, and Neil Kothari, MD (Rutgers), and Joseph Jaeger, DrPH (RWJBH) are the Assistant Vice Chancellors for the Northern and Southern regions, respectively. Each teaching campus has an Associate Dean / Chief Academic Officer (see below). Every GME program is overseen by a physician Program Director (at the sponsoring institution) or Site Director (at each rotation site) who is responsible for the professional and educational conduct of the residency. These leaders, along with core faculty, are required to have identifiable, non-clinical, protected time to direct the program. Chair/chief support for the time to teach, counsel, and evaluate residents, conduct research, ensure trainee wellbeing, as well as maintain accreditation (among many other duties) is essential. Concomitantly, the trainees themselves must be able to participate in didactics and conferences, scholarly activity, and professional development, all while maintaining a reasonable work-life balance. Any patient care rendered must be appropriate to the level and capabilities of the trainee, and under the ultimate supervision of a faculty member. (See ACGE link below for definitions of direct vs. indirect supervision etc.) Our following these standards is assessed and documented through multiple methodologies by a number of oversight organizations, including the state of New Jersey, the Joint Commission, and the Accreditation Council for Graduate Medical Education (ACGME). It is worth noting that the ACGME often bases program citation, site visit, and status decisions on anonymous survey responses from all trainees along with program-level data in their annual reaccreditation process. Chairs and chiefs are responsible for setting the tone of their department and creating an environment where trainees can excel, including the creation of an expectation that trainees are treated with the respect they deserve as our future colleagues.

Resources to learn more (internal):

- Medical Education on the Bridge https://www.rwjbh.org/for-healthcare-professionals/medical-education/

Resources to learn more (external):

- Rutgers Health GME (https://rutgershealth.org/education-training/graduate-medical-education)
- ACGME (www.acgme.org)

Who I should contact if I have more questions:

- RWJBarnabas Health: Michael Loftus, MD, MBA – michael.loftus@rwjbh.org
- Rutgers Health: Sherry Huang, MD – sh1471@rbhs.rutgers.edu
- Cooperman Barnabas Medical Center: Franz Smith MD, MAcM, MAS, FSSOV – franz.smith@rwjbh.org
- Community Medical Center: Meika Neblett, MD, MS – meika.neblett@rwjbh.org
- Jersey City Medical Center: Joseph DePasquale, MD – joseph.depasquale@rwjbh.org
- Monmouth Medical Center & Southern Region: Joseph Jaeger, DrPH, MPH – joseph.jaeger@rwjbh.org
- Newark Beth Israel Medical Center: Christian Engell, MD – christian.engell@rwjbh.org
- RWJUH New Brunswick: Michael Kelly, MD – kellymj@rwjms.rutgers.edu
- RWJUH Somerset: John Bucek, MD – john.bucek@rwjbh.org
- Trinitas: William Farrer, MD FACP, FIDSA – william.farrer@rwjbh.org
- University Hospital & Northern Region: Neil Kothari, MD, FACP – kotharne@njms.rutgers.edu

Aligning with the Health System

Why this is important to me as a Department Chair/Chief:

RWJBarnabas Health distinguishes itself as an integrated health system when we provide coordinated care across the continuum that achieves exceptional outcomes for patients and communities. Our ability to provide this care at the highest level is achieved when we share and standardize best practices, commit to zero preventable harm, and ensure a culture of continuous quality improvement.

Local decision making should be aligned with the RWJBarnabas mission, vision, values, and goals. Recognizing the depth of multidisciplinary experience and services that exists across the system is key to success. Collaboration and networking with colleagues across the system allows for ease of enhancing knowledge and achieving solution-based leadership. A few examples of this are standardizing best practices to reduce clinical variation, improving coordination and access to care, leveraging joint purchasing power, and enhancing resources to our staff and patients.

What I need to know – Executive Summary:

The evolution of our health system continues as we mature and integrate in the delivery of coordinated care across regions and service lines. A key aspect of our continuous improvement is the focus on top priorities as reflected in our shared system goals; these cascade across the health system sites and include each of hospital executive leadership teams. In 2023, our system goals centered on areas including performance outcomes in HCAHPS, mortality, CLABSI and C. difficile hospital acquired infections, as well as employee engagement, financial performance, and maturation of our service lines.

Improved performance in safety, quality, and patient experience will translate into ongoing improvement in publicly reported outcomes such as CMS Stars, U.S. News, and Leapfrog. Additionally, we will continue to leverage key tools such as the Vizient platform for its analytic capability to drive efficiencies. Best practices will be shared and standardized through system level quality improvement platforms and implementation initiatives across all of our sites of service and service lines. As a leader at RWJBarnabas, you represent your institution in this process. As such, you have a role in sharing perspectives and best practices from your local institution while also communicating back the system-based initiatives requiring implementation.

Resources to learn more (internal):

- https://www.rwjbh.org/why-rwjbarnabas-health-/
- https://www.rwjbh.org/why-rwjbarnabas-health-/leadership/

Resources to learn more (External):

- U.S. News: https://health.usnews.com/best-hospitals/rankings
- CMS Stars: https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating
- Leapfrog: https://ratings.leapfroggroup.org/
- American Hospital Association (2023). Fact Sheet: Hospital Mergers and Acquisitions Can Expand and Preserve Access to Care. Retrieved from https://www.aha.org/system/files/media/file/2023/03/FS-mergers-and-acquisitions.pdf (summary of analysis can be found on www.aha.org)
- Noether, M & May, S (2017). Hospital Merger Benefits: Views from Hospital Leaders and Econometric Analysis. Retrieved from https://www.aha.org/system/files/2018-04/Hospital-Merger-Full-Report-FINAL-1.pdf (summary of analysis can be found on www.aha.org)

Who I should contact if I have more questions:

- Local Chief Medical Officer
- Andy Anderson, RWJBH Chief Medical and Quality Officer, andy.anderson@rwjbh.org

Change Management

Why this is important to me as a Department Chair/Chief:
Managing the "people" side of change is often one of the most challenging components of leadership. When navigating a workplace change, individuals will need to perform their jobs differently and the degree to which they need to change their behavior may have a significant impact on their initiative and alignment with your goals. Knowing how to plan for, coordinate, and carry out change is a valuable skill that will help you become more effective in your role and "stay the course" rather than getting caught up in the complexity and tumult of change.

What I need to know – Executive Summary:
Change processes have a set of starting conditions and a functional end point. Managing the steps in between will help you be successful.

1) Prepare the team for change, both culturally and logistically. Help medical staff and others recognize and understand the need for change by raising awareness of challenges or other forces that demand the change. This will help gain early buy-in and reduce resistance and friction later.
2) Create and articulate a vision and plan for change by drafting strategic goals and key performance indicators. Define the project scope and identify the project stakeholders and team who will oversee the task of implementing change. Communication is key and a leader should communicate about each step of the change throughout. A common phrase for communication in adult learning is "seven different times in seven different ways".
3) Implement the changes by empowering the team to take the steps necessary to achieve the goals above. Celebrate any short-term wins. Consistently repeat and communicate the vision throughout to remind the team why change is being pursued.
4) Embed the new changes within culture and workflow to prevent back-sliding to the way things were done before. New organizational structures, controls, and reward systems can all be considered as tools to help the changes stick.
5) Analyze your results. Not all change initiatives will be successful. (some literature suggests that up to 50% of organizational change initiatives "fail".) If your effort was unsuccessful, try to understand which of the steps above fell short. This will offer valuable insights for future change efforts.

Resources to learn more:

- Johnson, S. (2016). *Who Moved My Cheese?*. Braille Superstore.
- https://hr.mit.edu/learning-topics/change/resources
- https://hbr.org/1969/01/how-to-deal-with-resistance-to-change
- https://hbr.org/2023/04/the-most-successful-approaches-to-leading-organizational-change

Who I should contact if I have more questions:

- Michael L. Loftus. CMO/CQO at Cooperman Barnabas Medical Center. Michael.loftus@rwjbh.org

Crucial Conversations

Why this is important to me as a Department Chair/Chief:

Conflict resolution is an important skill and applicable on a frequent basis. Even in the most cohesive departments, difficult situations can arise with faculty members, their patients, a staff member, to name a few. As the physician leader of your unit, you will often be the investigator, the mediator, or the problem solver for the circumstances. You will have many "**difficult** conversations" as a Chair. Just like in clinical medicine, you will get better at it the more often you do it. Remember, you always have your CMO or another Chair to help guide you through it.

What I need to know – Executive Summary:

1) **Don't avoid it:** If there is a behavioral component to the situation, meet with the individual in person as soon as possible. Timeliness is important to de-escalate, provide a solution, and protect all parties. A private neutral location such as your office would be an appropriate meeting location. If the situation involves multiple parties, ask your administrative staff to coordinate the meeting, so as to maintain neutrality from the onset.
2) **Have a purpose:** Clarify an agenda : What is it that you want to get out of the discussion? Write down the three or four things you need to address on a post-it as a template to guide the conversation. Avoid tangential discussions. The pressure of the situation might lead the discussion to many places, but it is your responsibility to re-direct if need be to focus on the issue at hand. Reiterate to the audience that there will be time for follow up but that it is imperative to focus the discussion in order to have a productive meaningful outcome.
3) **Be open to the other person's perspective:** Active listening is an integral component of the discussion. Be open and inviting to listen as you may discover information you were not aware of prior to meeting. Acknowledge the individual and express gratitude for raising situational awareness so the individual feels their concerns are valued. Tie in the new information to remain focused on the original purpose. You may quickly uncover information that you did not know and this may shed light on more issues. Be prepared to go with the flow, but stay focused on what is germane to your purpose.
4) **Stick to the facts:** Speculation suspicion and assumptions are not helpful. This might be the first of several conversations you will have about the same issue. The key is to provide a safe judgement free forum to begin the discussion. If more information is needed formulate a plan for a follow up meeting or phone call.
5) **Work collaboratively to formulate an effective solution/plan. Reassess as needed:** It is important to identify commonalities between the parties. What do the individuals involved share? These may be expressed ideas, thoughts, values. Utilize the common grounds to formulate a plan all parties can agree upon. This may involve some give-and-take from all members. It is important to acknowledge events, emotions, and outcomes. Acknowledgement is distinct from agreement and itis important to communicate the importance of formulating a realistic solution and ensure the plan is executed by all members involved. This will require understanding and patience. Define 1-2 short term goals. Elicit commitment to these goals. Define an action plan and a date to meet said goals.
6) **Bring the discussion to an end:** End the discussion on a positive note and express optimism and gratitude for the proactive discussion by all members. Indicate that the discussion needs to end for the time being but that subsequent communication will be arranged if needed. If this is a behavioral issue, make sure to clearly communicate to the individual that retaliation or defamation will be counterproductive and harmful. You can mention it may even be grounds for separation from the institution in some cases. Provide resources for support and guidance including the employee assistance program and patient advocate team. Reinforce that we are on the same team and that you value their contributions but that the items discussed must be addressed in order to optimize performance and outcomes for all.
7) **Memorialize the conversation:** This is extremely important. Take a few moments after the meeting to jot down some key thoughts, take away points, and the short-term goals everyone has agreed upon. It is important to summarize the discussion as a reference point for later if needed. This may be accomplished and shared in the

form of an email as meeting minutes. If it is a behavioral issue, you will need to send a memo/letter or email to Verge, or to file in the Medical Staff Office.

Resources to learn more (internal):

- Your CMO, other Chairs, the Medical Staff President
- Fair & Just Culture Policy and Algorithm: https://thebridge.rwjbh.org/Uploads/FileOutput/cf4da0ee-1004-4632-91dd-c3dddebe8db7/b07ea8b7-6b54-4265-a359-044bf4b22653-07-26-2022-3-3.pdf

Resources to learn more (external):

- Grenny, J., Patterson, K., McMillan, R., Switzler, A., & Gregory, E. (2022). Crucial conversations: Tools for talking when stakes are high. McGraw-Hill Education.

Who I should contact if I have more questions:

- Local Chief Medical Officer

Disclosure

Why is this important to me as a Department Chair/Chief:
Practitioners are aware that despite following best practices and intentions, unexpected adverse outcomes, events, and errors may occur when taking care of patients. These adverse / unexpected events need to be shared, and disclosed with patient and appropriate family members, along with documentation in the medical record. It is critical within a culture of accountability, high reliability, transparency, and safety, that this be embraced by all staff members. Practitioners commitment to share information with patients and families is the standard of care, the expectation and the norm, not the exception. It provides and re-affirms the highest quality of reliable care and safety.

What I need to know – Executive Summary:
The discussion with and acknowledgement of said events should be undertaken by the most responsible and knowledgeable physician involved in the care of the patient, along with other care givers as appropriate. It can be and often is, an interdisciplinary discussion/conversation regarding the clinical issues. The discussion should be undertaken in a confidential and timely/expeditious manner. The overall goals are as follows:

1) Establish a rapport with the patient and family
2) It must be undertaken in a timely/expeditious fashion, after a team huddle and fact gathering.
3) Executive Administration need to be aware and in consult.
4) Strongly advise involving risk management
5) Empathy and true emotional support are critical to the conversation and tone-setting
6) Anticipate questions and fully review the record prior to meeting
7) The focus should be on the factual narrative of what happened, truthfully, rathe than emotional or opinion-laden circumspect conclusions or hypotheticals
8) Questions by the family and patient should be thoughtfully and respectfully addressed, with appropriate follow up for unknowns, at the time of discussion. An apology is for the most part, appropriate as well.
9) Give attention to the intent of preventing such an event in the future
10) Apologize genuinely, accept responsibility when appropriate – it's the proper thing to do
11) Numerous studies have shown that truthful timely disclosure does not lead to increased litigations, but in fact has the opposite effect.
12) Document the conversations/those involved/any expected follow ups.

Resources to learn more: (internal)

- Medical Staff Video – Safety Together Training
- Safety Together on the Bridge
- HRO Library
- Medical Staff Resources for Safety Together

Resources to learn more (external):

- Institute for Healthcare Improvement (IHI.org) – Disclosure of Adverse Events
- HealthManagement.org – Disclosure of Adverse Events in Healthcare
- Agency for Healthcare Research and Quality (AHRQ.org) – Disclosure Checklist
- NIH.gov- Disclosure of Adverse Events – A Guide for Clinicians
- CMs.gov – Adverse Events in Hospitals – Public Disclosure About Events

Who I should contact if I have more questions:

- Site Risk Manager
- Site Chief Medical Officer

Diversity, Equity & Inclusion

Why this is important to me as a Department Chair/Chief:

The medical staff reflects a rich diversity of backgrounds, expertise, and perspectives. They are ready to share their experience and wisdom, serve as role models, and build new approaches to patient care, experience, and education. It is imperative that our medical staff leaders ensure equity and inclusion for our medical staff, other clinical providers, hospital employees, and patients. Leadership is accountable for promoting equitable and respectful work environments and responding with sensitivity to issues and challenges. We strive to build upon our differences and strengths. Below are recommendations to ensure an equitable environment that is free of harassment and discrimination

What I need to know – Executive Summary:

RWJBH is committed to Zero Tolerance for harassment, racism, exclusionary behavior, or language and/or discrimination.

Equity ensures that every individual should be provided with what they need to thrive, which may differ from the needs of others.

Diversity is broadly defined as difference or variety.

Inclusion leads to the creation of environments in which everyone feels they are safe, they belong, their voices are encouraged, and their contributions valued.

Implicit Bias refers to the unconscious attitudes or stereotypes that affect our understanding, actions, and decisions. Doctors may have views about racial minorities of which they may not be consciously aware. These views may lead them to make unintentional, and ultimately harmful judgments about their patients and/or colleagues.

Microaggressions are every day, subtle, intentional (or unintentional) interactions or behaviors that communicate some sort of bias toward historically marginalized groups.

As a physician leader you may have the responsibility to correct individuals when they become aware that offenses have happened, please work with the Director of Diversity and Inclusion to assist you with any interactions if needed. Creating inclusive cultures where people can thrive does not happen overnight. It takes a continuous process of learning, evolving, and growing.

Resources to learn more (internal):

- https://www.rwjbh.org/why-rwjbarnabas-health-/health-equity/
- https://www.rwjbh.org/why-rwjbarnabas-health-/diversity-equity-and-inclusion/
- https://www.rwjbh.org/why-rwjbarnabas-health-/diversity-equity-and-inclusion/corporate-office-of-diversity-equity-and-inclusi/
- Rutgers Health and RWJBarnabas Equity Lecture Series: Go to the intranet – About RWJBH – Ending Racism Together – Video Library. Videos available on:
    - Implicit Bias
    - Interdisciplinary Case Discussion
    - Tools for Dialogue – Confronting Identity and Privilege, Adverse Childhood Experiences and Trauma-Informed Care
    - Palliative Care, Geriatric Care and Cultural Differences
    - You and Me Together LGBTQ+ Health Equity
    - Providing Culturally Competent Patient-Centered Care

Resources to learn more (external):

- BMJ Leader. Moving beyond 'think leadership, think white male': the contents and contexts of equity, diversity and inclusion in physician leadership programmes. 2022;0:1–12. doi:10.1136/leader-2021-000542. Soklaridis S, Lin E, Black G, et al.
- NEJM Catalyst. Diversity and Inclusiveness in Health Care Leadership: Three Key Steps. June 7, 2021. https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0166

- Becker's Hospital Review. NYC Health + Hospitals new plan to boost physician diversity. Erica Carbajal - Wednesday, February 8th, 2023. https://www.beckershospitalreview.com/hospital-physician-relationships/nyc-health-hospitals-new-plan-to-boost-physician-diversity.html

Who I should contact if I have more questions:

- If you want to get more involved with the DEIJ commitment at RWJBH please contact your local DEI Director
- Dr. Paul Alexander – Executive Vice President, Chief Health Equity & Transformation Officer Office 973-322-4008, Mobile 201-259-8410, Email paul.alexander@rwjbh.org
- Dr. Meika Neblett – Chief Medical Officer, Community Medical Center, 201-240-3880 Meika.Neblett@rwjbh.org

Hospital Operations – Length of Stay

Why this is important to me as a Department Chair/Chief:

If you can get length of stay to a predictable place, where patients are discharged precisely when they need to be and not a moment sooner or later, you can streamline your operations accordingly. The average length of stay in hospitals (ALOS) is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings.

What I need to know – Executive Summary:

The GMLOS is based off of the patient's diagnosis-related group (DRG), which is a system of grouping together clinically similar patients. Several different classification systems exist with varying levels of grouping precision and levels of specificity. For example, CMS utilizes MS-DRGs (Medicare Severity Diagnosis Related Groups) to assign a specific GMLOS to each DRG in their system. It is important to note that the target GMLOS is heavily impacted by documentation and coding. More accurate charting results in more complex coding, which in turn increases/improves the target GMLOS.

Several strategies, such as provider education on statistics and benchmarks, earlier discharge order entry, ERAS protocols, clinical care pathways and increased case management and care coordination efforts, have proven successful for increasing the percentage of patients meeting - or beating - the GMLOS for their condition. However, providing real-time data to care providers stands out as one of the strongest ways to optimize for length of stay. If the care team and administration members do not have a way to access the comparative statistics while the patient is still in the facility, they cannot address this data during their clinical decision-making process, making it impossible to effectively target interventions.

Resources to learn more (internal):

- Tableau reports: https://tableauprod.sbhcs.com/#/explore
- EHM scorecard
- Daily Monitor report
- CMI and ALOS reports
- HURC
- Interdisciplinary rounds
- Utilization Review committee

Resources to learn more (external):

- https://effectivehealthcare.ahrq.gov/products/hospital-length-of-stay/report#field_report_title_1
- https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps

Who I should contact if I have more questions:

- Local Physician Advisor
- Local Case Management Director
- Local Chief Medical Officer

Human Resources

Why this is important to me as a Department Chair/Chief:

People are essential to the success of our organization. Engaged employees who feel good about their work have a direct positive impact on the patient experience and the work environment around them. As a leader, you play a critical role in the success of your team, your service line/department, and the system overall. Furthermore, how well you lead your team(s), focus on their growth and development, foster a culture of kindness and respect, and continuously concentrate on engagement will most certainly have an impact on your teams' success and retention.

What I need to know – Executive Summary:

Engaged, productive, successful, and happy employees equate to better patient experiences. As a leader, there are several processes within Human Resources with which you have shared responsibility.

- *Recruitment and Selection*: Recruiters and leaders share a common goal – finding the most talented candidates in a time-sensitive manner. When you have identified the need to fill a vacancy, you submit your request through appropriate channels.
    - The RWJBH Physician Recruitment team will work with you to find medical providers. For non-physician employees and staff, you or a designee may need to submit a requisition through Manager Self-Service.
    - You will collaborate with the recruiter to ensure a proper job description is in place and review the key competencies so the approved posting best reflects the position. Once posted, you will interview and select your candidate of choice.
    - Finding candidates with the right skill and characteristics for the position will serve the organization well in both the short and long term.
    - You are a vital to this process. It is critically important you are flexible when scheduling interviews and evaluations– candidates have many external options and working efficiently and effectively with the recruitment team leads to a greater conversion from candidate to employee.
    - When looking for the best candidate, where appropriate, seek skills that cannot be taught versus those that can – innate talent, positivity, motivation, and commitment are just as important, if not more important in certain cases, as technical skills.
- *Onboarding:* Once an offer is accepted, the new hire is expected to complete pre-placement requirements in order to start. These include:
    - Completion of new hire paperwork
    - Successful completion of a background and reference check
    - Successful completion of new hire physical
    - Ability to complete verification of authorization to work in the United States (I9)
    - Credentialing, as applicable

  Typically, you should expect a minimum of three (3) weeks from time of offer to start date, with longer periods expected for physician new hires due to licensing and credentialing. This process is dependent on the new hire's availability and compliance with the process. As a leader, you are expected to prepare for the new hire. This includes making sure there is a process to secure company-issued equipment and/or uniforms, system access, office space as needed, managing timecard schedules and approvals, and ensuring your new hire is cleared to start at the designated time. It is strongly recommended you contact your new hire prior to their start date to officially welcome them aboard.
- *Performance Management*: Performance management is the ongoing process of helping your team members become their best selves at work. As a leader, you have direct responsibility for ensuring your team members understand the expectations of their role, how well they are doing, and in providing real time feedback on their successes and their opportunities for improvement and for advancement. You must be fair, clear in your communication, and reasonable in your expectations and assessment of performance. Leaders consistently

provide positive feedback and coaching. If there are performance concerns, collaborate with your HR business partner on appropriate steps in holding team members appropriately accountable.

- **Fair and Just Accountability Policy:**
  - Promote a learning environment and foster an environment encouraging full disclosure of adverse events
  - Participate in cause analysis reviews, e.g. Root Cause Analysis
  - Identify and report areas of potential harm, opportunities for improvement and adverse events
  - Consistently and uniformly utilize the Performance Management Decision Guide to evaluate events; identifying system and process issues potentially requiring change
  - Ensure employees are free from reprisals if reports are made in good faith
- **Documenting Performance Concerns**:
  - Record as situations happen; date and initial all entries
  - Maintain balance; record for all employees
  - Keep observations job-related
  - Support your observations with facts; be specific about what should be repeated or ceased
    - Describe what has been observed
    - Explain the impact of these behaviors/performance gaps
    - State/specify future action plans
    - Share the consequences should the desired changes not be made
  - Avoid emotion and conclusions
  - Ensure you give the individual an opportunity to share their insights and perspective before deciding on whether to move to a performance management action
  - Documentation should be objective and factual, it may be shared with others in HR at a future date
- **Issuing Performance Management Actions:**
  - Collaborate with your HR business partner
  - Use the Performance Management Decision Guide (PMDG)
  - Be objective, consistent, and timely
  - Continue to follow up and provide feedback after the action is issued – you play an important role in your teams' overall success
- **Key Performance Management Action Reminders:**
  - Communication with the employee should be consistent and frequent, so that an employee should never be surprised by an action being taken
  - Ensure you are able to be present, engaged, and calm
  - Do not indicate the level of action to be rendered until you have met and heard the employee's side of the story
  - Always treat an employee with respect and dignity
  - Stress confidentiality and our zero tolerance for retaliation
- **Recognition**:
  - Performance management is not just about corrective action - remember to recognize your team(s) consistently and appropriately!

Resources to learn more (internal):

- Securing System Access for a New Hire
- Human Resources Policies & Procedures
- Fair and Just Accountability Policy

- Leadership and Professional Development
- Safety Together on the Bridge
- High Reliability Leadership
- Manager Self-Service (MSS) Learning Library
- Manager Self-Service Portal
- RWJBH Recognizing You
- My Service Portal (MSP)
- HR Staff Directory
- Speak with your HR Business Partner regarding formal performance management actions inclusive of a Performance Improvement Plan (PIP) and to secure a template.

Who I should contact if I have more questions:
Please contact your assigned HR Business Partner with further questions, concerns, or to learn more. Your local HR team can be found here (HR staff directory – select your campus from the drop-down menu)

RWJBarnabas HEALTH | Community Medical Center

Journey Towards High Reliability & Safety Together

Why this is important to me as a Department Chair/Chief:

"First, do no harm" - Patient safety is at our core as physicians. As physician leaders, we play an important role in demonstrating safety and high reliability in our words, actions, and reactions to best support our colleagues and their patients. How we interact with others sends the message about what's most important to you and RWJBarnabas Health. With the high reliability framework as our foundational model, we are always demonstrating that mutual respect, teamwork, transparency, accurate and timely communication, voicing concerns, critical thinking, intellectual curiosity and learning are not just supported, but obligatory, to maintain patient and workforce safety in our department.

What I need to know – Executive Summary:

At RWJBarnabas Health, our patient safety and high reliability journey is called, "Safety Together." This common verbiage and vision help to drive all 40,000+ RWJBH team members in a cohesive way towards reducing preventable harm. The patient safety journey is not new to us and as many as 440,000 patients per year die due to preventable medical error (Makary, 2016). We have advanced our training, technology, patient engagement, protocols and pathways to reduce risk and improve outcomes for every patient. However, we are all human and mistakes still happen – individuals and teams make mistakes or deviate from performance expectations no matter how highly educated or experienced they are. Over time and through examples from other industries, healthcare has come to discover that in order to prevent harm, we have to adopt a high reliability platform that is focused on systems thinking:

1. **Team and organizational culture and dynamics** that demonstrates our commitment to patient safety in our governance, structure and accountability in order to promote collaboration and communication.
2. **Leadership methods** of building psychological safety, positively reinforcing, anticipating/mitigating risks, maintaining situational awareness and sensitivity to operations, nurturing reporting (especially of near-misses), building accountability, fair & just culture, continuously learning/improving at a local and organizational level and engaging front-line experts.
3. **Individual and team-based error-prevention skills, tools and behaviors** such as escalating concerns using ARCC, validating & verifying, asking clarifying questions, taking STAR moments to focus our conscious attention, cross-checking, repeat/read backs, numeric and phonetic clarification, giving and receiving feedback, and utilizing checklists (i.e. Universal Protocol in the OR). *Learn more here - Medical Staff Video Safety Together Training (password: zeroharm)*
4. **Learning** from reporting and safety events (including but not limited to Verge reporting, peer-based learning [peer-review], apparent cause analysis [ACA], and Root Cause Analysis [RCA]).

Resources to learn more (internal):

- Safety Together on the Bridge
- Medical Staff Resources for Safety Together
- Safety Event Classification and Cause Analysis

Resources to learn more (external):

- Top 10 Patient Safety Concerns 2023 – ECRI
- Clapper, C., et al. (2018). *Zero Harm: How to Achieve Patient and Workforce Safety in Healthcare*
- Nance, J. J. (2008). *Why Hospitals should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care.*
- Weick, K. E., & Sutcliffe, K. M. (2001). *Managing the Unexpected (Vol. 9).*
- Edmondson, A. C. (2018). *The Fearless Organization: Creating Psychological Safety in the Workplace*
- Wachter, R. M. (2015). *The digital doctor: hope, hype, and harm at the dawn of medicine's computer age.*
- More high reliability books, articles and podcasts can be found in this HRO Library document on the Bridge

Who I should contact if I have more questions:

Emily Halu, RN, MSN, CPPS, Vice President, High Reliability, RWJBarnabas Health – emily.halu@rwjbh.org

RWJBarnabas HEALTH | Community Medical Center

Meeting Management

Why this is important to me as a Department Chair/Chief:

Successful leaders would agree that having a schedule full of ineffective meetings does not add value to your day. Your focus and priority should be using your time wisely and effectively. Prior to scheduling, all meetings should have the correct Purpose, Pre-Reads, People, Process and Payoff identified.

What I need to know – Executive Summary:

A successful leader will recognize the need to remain focused and prioritized in order to be effective. The 5 P's of a successful meeting!

Purpose

- Clearly defined purpose. Purpose is not a topic or a subject; it's a clear description of the desired outcome of the meeting.
- Purpose can be masterminding a problem, gathering/transmitting information, reaching consensus, or making a decision
- A clear purpose keeps the meeting focused and prevents wandering, increasing the likelihood that you'll accomplish your stated goals.

Pre-Reads

- Spend time in advance thinking about how the agenda and pre-read will positively impact the meeting
- Provide pre-reads to ensure all participants are prepared for the meeting and able to contribute to the dialogue.
- Send pre-read at least 3 working days in advance of the meeting
- Best to provide full documents rather than links or expect participant to find resource
- Provide access to documents at meeting if a participant was unable to pre-read.

People

- Meetings will deteriorate into irrelevance if the right people aren't there.
- Participants may want specialists in the meeting or may want to consult with them prior.
- Organizing and conducting a meeting is a team sport.

Process

- Is having a meeting the right process? Do you actually need a meeting at all?
  - For example, status updates don't routinely require a meeting. Instead asynchronous communication like email, memos, sharepoint documents can accomplish your goal.
- Do you need consensus building before the meeting?
- If you do hold a meeting, make sure that attendees are able to fully accomplish the stated purpose of the meeting in the allotted time.

Payoff

- Time is a highly valuable resource.
- If you get Pre Read, Purpose, People, Process done right, it will be more likely that you time together won't be a waste of time.
- It's incumbent to use time as wisely as possible.

Meeting Preparation Checklist *Source: Running Meetings (20-Minute Manager Series), Harvard Business Publishing, HBR.org*	
❑ Identify purpose of meeting	❑ Send pre-reading or requests which require advance participation (3 days ahead at least)
❑ Make sure you really need a meeting	❑ Follow up with invitees in person, if appropriate
❑ Develop a preliminary agenda	❑ Choose the decision-making process that will be used (majority vote, group consensus, leader's choice)
❑ Select the right participants and assigned roles	❑ Identify, arrange for and test any required equipment
❑ Decide where and when to hold the meeting	❑ Finalize the agenda and distribute to all participants
❑ Confirm availability of the space	❑ Verify that all key participants will attend and know their roles
❑ Send the invitation	❑ Prepare yourself – presentation, handout(s)
❑ Send the preliminary agenda to key participants and stakeholders	

Resources to learn more (external):

- Harvard Business Review, How to Run a Meeting https://hbr.org/1976/03/how-to-run-a-meeting
- Harvard Business Review, How to Effectively Build Pre-Work into Meetings, https://hbr.org/2022/10/how-to-effectively-build-pre-work-into-meetings
- Forbes, 9 Ways to Make your Meetings Matter https://www.forbes.com/sites/maryabbajay/2020/01/20/9-ways-to-make-your-meetings-matter/?sh=2ab071fa3831
- Franklin Covey, Checklist: How to run great remote meetings https://www.franklincoveysuriname.com/checklist-how-to-run-great-remote-meetings/
- New York Times, How to Run a More Effective Meeting https://www.nytimes.com/guides/business/how-to-run-an-effective-meeting
- Science of People, 6 Tips to Run a Highly Effective Meeting, Backed by Science https://www.scienceofpeople.com/run-a-meeting/

Who I should contact if I have more questions:

- Dr. Frank Dos Santos, CMO Clara Maass Medical Center, frank.dossantos@rwjbh.org
- Dr. Meika Neblett, CMO Community Medical Center, meika.neblett@rwjbh.org

Optimizing the Value of the EMR

Why this is important to me as a Department Chair/Chief:

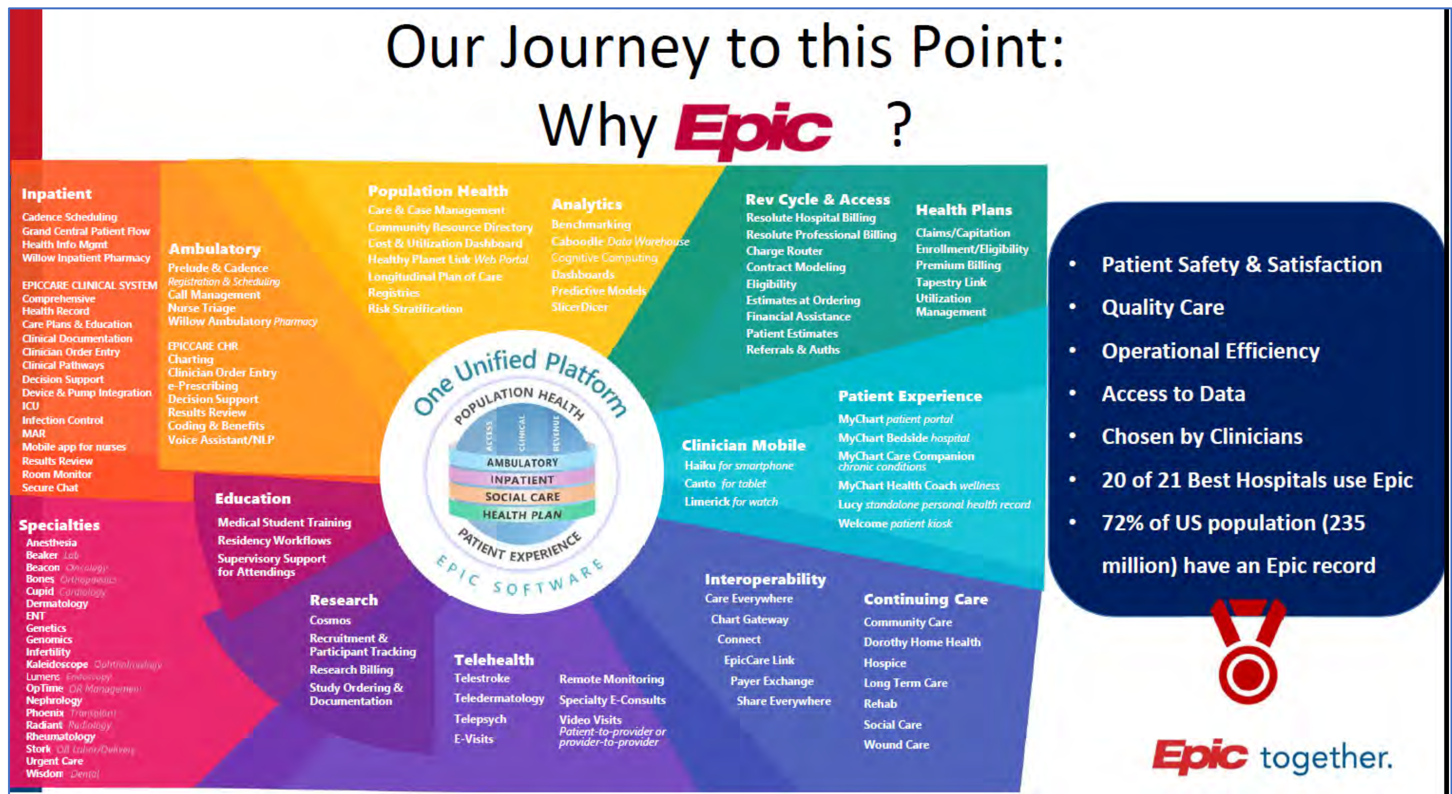
EMRs have transformed healthcare delivering levels of quality, efficiency, care coordination, patient engagement, and safety previously not possible. However, continual optimization is necessary not only for best practice but for provider wellness.

Epic Together is a combined RWJBH/Rutgers initiative to establish an integrated, patient-centered Electronic Health Record (EHR) across all of our hospitals, ambulatory practices, population health, and remote/telehealth encounters. Through using Epic, we aggregate information from thousands of sources right to our clinician's finger tips, give them the most robust evidence-based tools and advanced decision support in real time, empower patients with the most seamless and complete access to their health information, provide timely and accurate data for decision making and reducing disparities, and provide a platform for the highest levels of reliability and patient safety.

We embarked on Epic Together in 2020 after the combined RWJBH/Rutgers selection process ended in a unanimous choice. RWJBH has made a landmark investment in purchasing the entire Epic Catalog, and our implementation process includes workgroups with clinicians representing each site and service line across inpatient and ambulatory. Our implementation has been rated 10/10 gold stars by Epic, becoming the first Health System in the world to achieve this top 4% designation in capability from the start.

What I need to know – Executive Summary:

1) **Mission -**
    a. Epic is our single, unified, best in class EMR unifying all hospitals and ambulatory practices. It is foundational to carry out the mission of our organization**.**



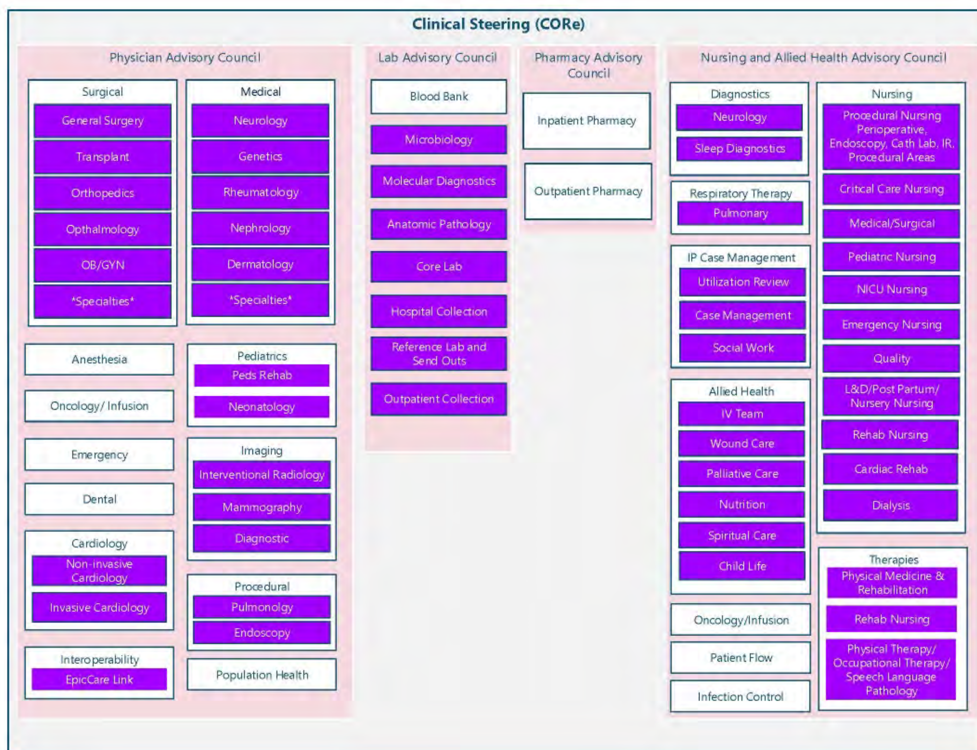
2) **Guiding Principles**
    a. As a High Reliability Organization under Safety Together, Epic is a foundational element with safety of our patients as a top priority. Our Guiding Principles are:
        - Improve patient safety and quality

- Ensure decisions are patient centered and best for the overall enterprise
- Enhance efficiency and satisfaction for clinicians and staff
- Ensure transparent and frequent communication
- Harness Epic's advanced patient engagement capabilities to enhance patient participation in research
- Optimize patient and community engagement
- Own and drive design through clinical and operational leadership with IT support
- Configure, not customize, the Epic foundation system.
- Advance research through partnership with Rutgers and RWJBH

3) Governance

a. Epic is Clinically and Operationally led, but supported by IT.

b. Epic implementation and optimization utilize Clinical Steering (CORe) Councils



4) Timeline

a. Epic will be fully operationalized at RWJBH by 4th quarter 2024 with a total of 6 waves of implementation

5) Optimizing the Value of Epic

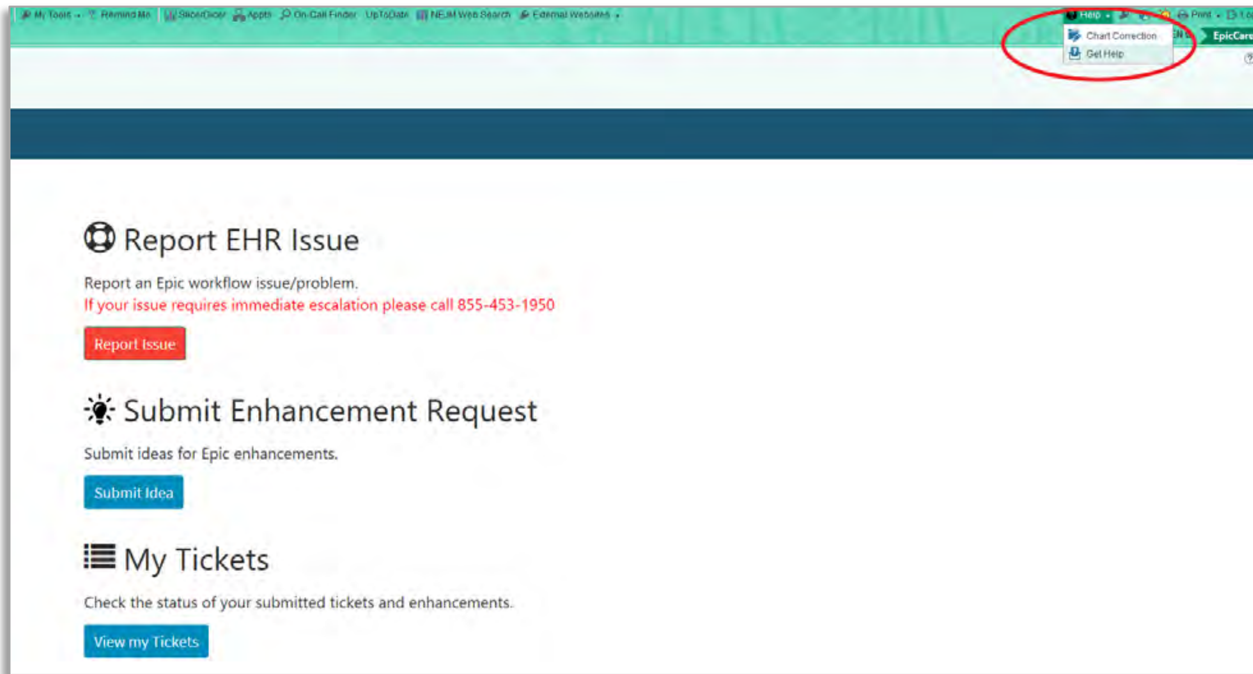
a. We have adopted quarterly updates to ensure we always have the latest Epic tools for our clinicians and patients, while simultaneously optimizing Epic to reflect ongoing evolution of evidence based practice.

b. Epic is built and maintained by workgroups established to ensure clinical and operational leadership representation across four models of care including all sites so they are properly represented in every decision. The care models drive our approach for AMC's, Community Teaching, Community Hospitals and Medical Groups.

c. Change Process

- Any clinician, especially Chairs and Chiefs, are encouraged to enhance Epic – including from order set changes to advanced decision support
  - ❑ Submit enhancement request – directly from Epic's "Get Help" shown below
  - ❑ Reviewed by Informatics

- ❑ Change discussed by relevant clinicians and specialty/system workgroup
- ❑ Approve by Unified Change Control
- ❑ Communications distributes content through newsletters



Resources to learn more (internal):

- RWJBarnabas Epic Together Website: https://epictogethernj.org/
- Physician Orientation to IT & Epic (7/25/23): *double click on below word icon if utilizing the digital version of this manual.*

Physician IT Orientation.docx

Resources to learn more (external):

- **Epic UserWeb:** (https://userweb.epic.com/) is an online collection of tools and information about Epic. On it, you can find:
  - Community discussion forums
  - Implementation, upgrade, and support documentation
  - Downloadable system content
  - Education and training resources
  - Upcoming events and webinars

Who I should contact if I have more questions:

- **RWJBH Health Informatics – Physician Leadership**
  - Stephen O'Mahony, MD, FACP, Senior Vice President & Chief Health Information Officer
  - Frank A Sonnenberg, MD, FACP, FACMI, Chief Medical Informatics Officer, Rutgers-RWJBarnabas Medical Group
  - Thomas A. Nahass, MD, MS, Regional Vice President, Health Informatics Central Region
  - Kennedy Ganti, MD, FAAFP, FHELA, Regional Vice President, Health Informatics Southern Region

Patient Experience

Why this is important to me as a Department Chair/Chief:

Every one of our physicians and APPs play a pivotal role in shaping and enhancing our patients' experiences. This means being **respectful**, keeping them **informed**, and making sure they are **connected** to us and to their care plans by listening and taking action. Patients who are treated with compassion have better outcomes, and medical staff who show compassion have better days at work! **Connecting, respecting** and keeping our patients **informed** is how we are always nice to patients at RWJBarnabas Health. The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is administered on behalf of CMS and is heavily weighted in public ranking programs such as CMS stars, Hospital Compare, US News and World Report, Leapfrog, etc.

What I need to know – Executive Summary:

Patient Experience is how we deliver on the patient promise of providing safe, high quality care in a patient-centered environment. We do this by having a strong foundation of engaged and resilient care teams across the entire continuum of care. In the book, "Compassionomics" by Anthony Mazzarelli and Stephen Trzeciak, they state that "40 seconds of compassionate communication is all it takes to make a meaningful difference" and could even save a patient's life.

We have strategic expectations for how we can achieve the optimal patient experience at RWJBarnabas Health:

- Introducing ourselves using AIDET (*defined in the first resource link below*) and ensuring that our names and roles are visible on our badge/coat, business card and the patient white board
- Sitting at the bedside when discussing diagnosis, care, treatment planning and updates
- Checking in and providing updates during an afternoon round on patients
- Communicating with patient and family in a way they understand, involving them in shared decision making
- Communicating with nursing staff before leaving the unit
- Utilizing interpretive devices as needed
  - We provide free language services, including qualified interpreters, to people whose primary language is not English. Martti's Language Access Solution puts certified and/or qualified medical interpreters within reach and one-touch simplicity 24/7 at all RWJBarnabas Health locations in approximately 250 languages. Medical staff can request the Martti device from departmental leadership.
- Reporting patient experience concerns via Verge "Patient Relations"

Our patients' perception of their experience is measured through surveys sent to them or their caregiver following discharge. The HCAHPS survey questions that specifically pertain to medical staff are:

- During this hospital stay, how often did the doctors treat you with courtesy and respect?
- During this hospital stay, how often did doctors listen carefully to you?
- During this hospital stay, how often did doctors explain things in a way you could understand?

Resources to learn more (internal):

- AIDET Leader Guide - https://thebridge.rwjbh.org/Resource.ashx?sn=LeaderResource-AIDETSMALLBITES2021
- Please utilize with your department these Provider Education Series on Patient Experience:
  - PRP/Great Care Campaign - https://thebridge.rwjbh.org/safety-together/safety-together-video-library/provider-education-series-prpgreat-care-campaign-1169.aspx
  - Palliative Care/IPASS - https://thebridge.rwjbh.org/safety-together/safety-together-video-library/provider-education-series-palliative-careipass-1168.aspx
  - Mesh-4W and Listening - https://thebridge.rwjbh.org/safety-together/safety-together-video-library/provider-education-series-mesh4w-and-listening-1167.aspx
  - Efficiency and Engagement - https://thebridge.rwjbh.org/safety-together/safety-together-video-library/provider-education-series-efficiency-and-engagemen-1166.aspx
  - Service Recovery/De-escalation - https://thebridge.rwjbh.org/safety-together/safety-together-video-library/provider-education-series-service-recoverydeescala-1165.aspx

- Verge: https://thebridge.rwjbh.org/safety-together/safety-together-verge.aspx?srcaud=safety-together
- To learn more about RWJBH Patient Experience, visit our website at: https://www.rwjbh.org/why-rwjbarnabas-health-/patient-experience-journey/

Resources to learn more (external):

- To learn more about our "Be Nice to Me" High Reliability journey, watch this YouTube video that is shown at Embark Orientation: https://youtu.be/PQof3ATTEMQ?list=PL4Jflz4uMtlvr2xbimoJJke5hmIjClbP5
- Trzeciak, S., Mazzarelli, A., & Booker, C. (2019). Compassionomics: The revolutionary scientific evidence that caring makes a difference (pp. 287-319). Pensacola, FL: Studer Group.
- Trzeciak, S., & Mazzarelli, A. (2022). Wonder Drug: 7 Scientifically Proven Ways that Serving Others is the Best Medicine for Yourself. St. Martin's Essentials.
- New Jersey Patient Bill of Rights - https://www.njconsumeraffairs.gov/bme/pages/patient-bill-of-rights.aspx

Who I should contact if I have more questions:

- Jill Anderson, VP of Patient Experience (jill.anderson@rwjbh.org)
- Marc Milano, MD, System Physician Champion for Patient Experience and Chairman of Emergency Medicine, Newark Beth Israel Medical Center (marc.milano@rwjbh.org)
- Please refer to the list below for the Patient Experience contact information at each site:
    - **Clara Maass Medical Center -** 973-450-2177
    - **Children's Specialized Hospital -** 732-258-7007
    - **Community Medical Center -** 732-557-8078
    - **Cooperman Barnabas Medical Center -** 973-322-5459
    - **Jersey City Medical Center -** 201-915-2041
    - **Monmouth Medical Center -** 732-923-6695
    - **Monmouth Medical Center Southern Campus -** 732-886-4600
    - **Newark Beth Israel Medical Center -** 973-926-7180
    - **Robert Wood Johnson University Hospital Hamilton -** 609-584-6550
    - **Robert Wood Johnson University Hospital New Brunswick -** 732-828-3000 X8501
    - **Robert Wood Johnson University Hospital Rahway -** 732-499-6136
    - **Robert Wood Johnson University Hospital Somerset -** 908-685-2430
    - **Trinitas Regional Medical Center -** 908-994-8356
    - **Barnabas Health Behavioral Health Center -** 732-914-3805
    - **Barnabas Health Outpatient Center -** 973-322-7292

Physician Compensation – Contracting

Why this is important to me as a Department Chair/Chief:

RWJBarnabas Health has a review and approval process for physician contracts, designed to meet complex regulatory requirements while supporting our business goals and objectives, particularly in the areas of strategic planning and financial due diligence. Physician Contracting engages in all physician financial relationships with RWJBarnabas Health to:

- Confirm compensation is in accordance with the Fair Market Value process and policy established by Compliance.
- Ensure documentation for commercial reasonableness of the proposed financial relationship(s),
- Verify that the compensation model is within the approved parameters, as established by the Compensation Guideline Committee.
- Verify that the Physician Contracting Process has been followed.

What I need to know – Executive Summary:

Physician Contracting is a department of Corporate Business Development staffed by:

- **Vice President -** oversees the Physician Contracting function and related processes for RWJBH.
- **Physician Contracting Officers –** collaborates with business person, Facility Leadership, and/or Service Line Leader to confirm documentation for physician financial relationships.

The Physician Contracting team is activated upon SBAR approval. The assigned Physician Contracting Officer (PCO) will work the business person to prepare a package for the Physician Compensation Committee. The package will include supporting documentation, which will be the roadmap for RWJBH Legal Affairs to draft an agreement. The supporting documentation includes a Term Sheet, Job/Services Description, Performance Metrics (if applicable), Fair Market Value Analysis, Part B Practice Pro Forma, and CV. The package does not contain Physician Alignment Data, Contribution Data, or any other analysis containing Physician Data from the Program Financials.

Supporting documentation must be completed for all proposed financial relationships with physicians (including and not limited to for example: Employment, Professional Services Agreement (“PSA”), Asset Purchase, On Call, Medical Leadership/Directorship Positions, “HUB” transactions, Leases/Subleases/License Agreements (including e.g., leased equipment, providers and personnel), Recruitment, New, Renewal, Amendment).

While drafting the supporting documentation, the PCO will recommend physician compensation model templates and strategic policies applicable to physician compensation, recruitment, and practice acquisition in order to reduce variation, increase standardization and address areas for process improvement.

Physician Contracting will engage Legal Affairs once supporting documentation is drafted and the Fair Market Value Analysis is confirmed. Legal Affairs will forward a draft agreement based on the supporting documentation to the PCO and business person(s). The business person will present the draft agreement to the Physician/Physician Group if accurate.

Physician Contracting will notify various departments (HR, Finance, Operations, Service Line Leaders, Legal Affairs, Credentialing, etc.) once an agreement is fully executed to start the onboarding process.

Who I should contact if I have more questions:

- Kelly Fulton, SVP Business Development, Kelly.Fulton@rwjbh.org, 973.322.4015 office, 973.487.9990 cell.
- Cerstin Pangia, VP Physician Contracting, Cerstin.Pangia@rwjbh.org, 201.953.4790

Physician Compensation – Recruiting

Why this is important to me as a Department Chair/Chief:

Physician Recruitment is an important priority within RWJBarnabas Health. To provide the premier healthcare services in New Jersey, our medical staff is a priority to ensure that we attract high quality physicians. An important aspect of recruitment is candidate experience. Ensuring that candidates have a pleasant and safe visit are high priorities.

What I need to know – Executive Summary:

Physician Recruitment is a department of Corporate Business Development staffed by:

- **Assistant Vice President-**oversees the Physician Recruitment function and related processes for RWJBH.
- **Physician Recruitment Manager-**leads day to day operations of PR team.
- **Physician Recruiters (PR)-**leads recruitment efforts including marketing outreach to potential candidates, screening, coordinating, and negotiating with physicians in the recruitment process.
    - Assigned by Service Line to ensure system wide perspective and collaboration.
- **Physician Specialists**-coordinates interviews, schedules, and manages candidate logistics to ensure high quality candidate experience.
- **Sourcing Specialist**-coordinates all advertising and sourcing efforts to attract top talent.

The Physician Recruitment team is activated upon SBAR approval. They coordinate a "kick off" call with stakeholders once they have received the SBAR approval (through Contraxx process) to discuss specifics of the position, obtain job description, metrics, identify the stakeholders/interviewers, and obtain details on specific sites/programs that appropriate candidates may be sourced from. They then coordinate advertising, with their Sourcing Specialist, and post position. When candidates respond to advertising, the PR will telephone/video call the potential candidate(s) to assure they meet the qualifications and responsibilities of the position. Qualified candidate profiles and CVs are then emailed to the stakeholders for their review with a detailed description of the candidate's experience/education. Once those parties have determined that an interview will occur, the PR will collaborate with their Specialist on interview coordination, based on physician/department leadership schedules. Candidates and those participating the interview process with receive an itinerary with candidate meetings, contact information, hotel accommodations, and logistics.

Once a candidate is selected, PR will collaborate with identified leadership to formulate the compensation plan. If a structured plan exists, that structure will be utilized. If necessary, PR will work directly with Physician Contracting Officer(s) to review compensation of existing providers within the department to ensure consistency. Leadership will provide physician metrics (minimum of 10% at risk) that support service line/departmental objectives. PR enters terms into Contraxx to obtain physician agreement (contract) from Legal and will share with leadership for final review prior to distributing to candidate. PR will send approved agreement to physician. PR will bring requested changes to leadership for discussion. All changes to agreements are negotiated with PR, including compensation.

When a candidate signs an agreement, PR will provide information to appropriate onboarding team members to begin the credentialing and onboarding processes.

Who I should contact if I have more questions:

- Kelly Fulton, SVP Business Development, Kelly.Fulton@rwjbh.org, 973.322.4015 office, 973.487.9990 cell.
- Sandro Altherr, AVP Physician Recruitment, Sandro.Altherr@rwjbh.org
- Cerstin Pangia, VP Physician Contracting, Cerstin.Pangia@rwjbh.org

RWJBarnabas HEALTH | Community Medical Center

Provider Wellness

Why this is important to me as a Department Chair/Chief:

Provider Wellness is a critical priority for RWJBarnabas Health. Research has established that provider burnout threatens the quality of patient care, patient satisfaction, access to care and physicians' lives. RWJBH is strongly committed to enhancing professional fulfillment and preventing burnout among providers.

What I need to know – Executive Summary:

In 2019, RWJBarnabas Health and RBHS (Rutgers Biomedical Health Sciences) joined efforts to promote provider wellness. Chantal Brazeau, MD and Joshua Bershad, MD were selected to lead the combined effort. RWJBH/RBHS entered into a partnership with PWAC (Healthcare Professional Well-being Academic Consortium), the largest nationwide academic group focused on developing evidence-based surveys and best practices to support professional well-being. RWJBH/RBHS adopted the Stanford Model of Professional Fulfillment as a guide for our provider well-being efforts. This framework identifies Culture of Wellness, Efficiency of Practice, and Personal Resilience as the three broad categories requiring focus to improve provider wellness.

The RWJBH/RBHS effort is led by a steering committee and uses the RWJBH CMOs, Rutgers Chairs/Chiefs, and others to brainstorm ideas, target efforts, and most importantly implement initiatives in both large and small settings. RWJBH/RBHS' accomplishments include:

- Conducting three annual RWJBH/RBHS-wide surveys on provider, faculty and resident well-being using the evidence-based PWAC survey
- Development of a single set of mental health resources to support providers through COVID
- Inclusion of provider wellness as an area of focus for all projects
- Multiple Epic projects that reduce clicks, streamline workflows, and reduce pajama time
- Changing the prioritization of Ambulatory Epic optimization projects to reflect clinician preference
- Implementing small group sessions designed to provide connectedness among clinicians
- Training over 80 peer supporter faculty to provide on-site real-time support to stressed colleagues

Despite these successes during the challenging time of COVID and Epic implementation, there remains much to do. The ongoing plan includes the need for broad activities at a large level and many unit-based interventions. All physician leaders should constantly think about how they can support the providers in their area of responsibility by creating a Culture of Wellness, improving Efficiency of Practice, and by supporting providers as they focus on Personal Resilience. We encourage leaders to engage providers in discussion and problem-solving to enhance day to day well-being at work. Generating such local solutions can promote this culture change and lead to creative approaches to improve workflows, satisfaction, and fulfillment during the workday.

Resources to learn more (internal):

- For RWJBH: https://thebridge.rwjbh.org/system/wellness.aspx
- For RBHS: RBHS Professional Well-Being (rutgers.edu)

Resources to learn more (external):

- Healthcare Professional Well-being Academic Consortium, https://healthcarepwac.org/
- Stanford Wellness, https://wellmd.stanford.edu/about/model-external.html

Who I should contact if I have more questions:

- Joshua Bershad, EVP Physician Services, RWJBH, joshua.bershad@rwjbh.org
- Chantal Brazeau, Chief Wellness Officer, RBHS, chantal.brazeau@rutgers.edu

Population Health

Why this is important to me as a Department Chair/Chief:

Both public and private insurers in NJ are increasingly entering into VBC contracts with RWJBH and our competitors to manage the quality, utilization, and spending on a defined population of their NJ enrollees in a given calendar year. In 2023, RWJBH has over a half-million patients enrolled in VBC contracts that includes Horizon BCBS, Medicare, Medicaid, and other commercial payors. Collectively, these VBC contracts can be worth several tens of millions of dollars in added annual revenue for the health system or potential losses (if they include downside risk). As Department Chairs and Chiefs, the clinical decisions of your providers and the effectiveness and efficiency of your practices are critical to whether we collectively meet the quality and utilization/spending metrics in the VBC contracts. For 2023, the most common quality metrics are a combination of cancer-screening (breast, colorectal and cervical cancer) and chronic disease management measures (diabetes, asthma). The most common economic measures are things like emergency room visits and/or hospital rates per 1,000 enrollees or total medical expenditures per person (inpatient, outpatient, medications, ancillary services, etc). There are also often access to care measures such as having an annual preventive or wellness visit with a primary care provider (PCP). Such annual visits with one of our PCPs is also a major determinant of how insurance companies 'attribute' care to a provider, medical group, and health system.

RWJBH has a large Population Health team that helps to manage these VBC contracts by identifying enrolled patients, attributing them to RWJ medical group, joint venture of community integrated network providers, distributing quality reports to medical group and practice leaders and individual physicians, working with the practices and doing telephone and MyChart outreach to patients to help close quality gaps, better manage chronic diseases, and coordinate care to decrease preventable ED visits, hospitalizations, and nursing home stays. This population health team has a combination of physicians, nurses, pharmacists, care coordinators, social workers, and community health workers which partner with providers, practices and patients to improve the quality, coordination, and efficiency of care. These teams work to improve both ambulatory, inpatient, and post-acute care among patients enrolled in VBCs. Your practice leaders, managers, and individual physicians will likely be contacted by people on the RWJBH population health team, so it is important they are regarded as an important part of 'us'—an extension of our outpatient and inpatient teams that can help bring additional resources to bear to improve the care and outcomes of our patients. Since we are training the doctors of the future, it is also important for our trainees to learn more about population health management and VBC.

What I need to know – Executive Summary:

How we are reimbursed for care continues to shift from traditional fee-for-service billing to value-based care. This transition happened several decades ago regarding how Medicare pays hospitals a flat fee for inpatient care through the Prospective Payment System (PPS) depending on the Diagnostic Related Group (DRG) reason for admission. Managed care reimbursement arrangements for outpatient and all site patient care continues grow and evolve with more public (Medicare, Medicaid) and private payors (Horizon Blue Cross Blue Shield [BCBS] of NJ, United, Aetna, Cigna, etc) expanding the use of "value-based contracting" to improve population health. Current value-based care (VBC) contracts are different from earlier full capitation global budget models that dominated early managed care and health maintenance organization (HMO) contracts. While VBC contract can take several forms, they generally involve a combination of quality of care and utilization and/or total expenditures metrics needed to be met which would unlock potential shared savings for the RWJBarnabas Health System (RWJBH). Some VBC contracts are 'upside only', whereby we can potentially financially benefit with shared savings if we hit the quality and utilization/spending metrics, but there is no 'downside' risk if we do not. 'Two-sided' risk contracts have the potential for financial windfalls if we are successful, but also the risk of losing money if we do not perform well. VBC contracts are now a very common strategy public and private payors are using to improve population health.

Population Health refers to the health status and health outcomes of a group of individuals including the distribution of outcomes within the group (disparities). Populations can be defined as:

- Patients cared for by a clinic, hospital, or health system
- Groups with certain clinical conditions (diabetes, cancer, hypertension, asthma, depression)
- Beneficiaries enrolled in value-based care insurance contracts (Medicare, Medicaid, Horizon BCBS)
- Special groups like employees, students
- Residents of geographic regions (neighborhood, city, state)

Resources to learn more (external):

- Catalyst, N. E. J. M. (2017). What is value-based healthcare?. *NEJM Catalyst*, *3*(1). https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0558
- Centers for Medicare & Medicaid Services – Value Based Programs https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs
- Silberberg, M., Martinez-Bianchi, V., & Lyn, M. J. (2019). What is population health?. Primary care: clinics in office practice, 46(4), 475-484. https://pubmed.ncbi.nlm.nih.gov/31655744/
- Teisberg, E., Wallace, S., & O'Hara, S. (2020). Defining and implementing value-based health care: a strategic framework. Academic Medicine, 95(5), 682.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7185050/
- Value-Based Care: What It Is, and Why It's Needed (2023) https://www.commonwealthfund.org/publications/explainer/2023/feb/value-based-care-what-it-is-why-its-needed

Who I should contact if I have more questions:

Lina Shihabuddin, MD, Johanny Garcia, MD, Ethan Halm, MD, RWJBH Population Health Team

Professionalism

Why is this important to me as a Department Chair/Chief:

Department and division chairs play a pivotal role developing behaviors that create an organizations culture. Culture can be defined as the "way we do things around here". Professionalism is a skill that consists of a set of learned behaviors that cultivate the desired culture. Healthcare leaders must have a common understanding of medical professionalism and work together to develop the behaviors to cultivate it, leading them to be more effective in their roles. It will improve the work environment for everyone and ensure high-quality safe care for patients.

What I need to know- Executive Summary:

Throughout the RWJBH system, there is variation in physician reporting structure, titles, and responsibilities. Department chairs and physician leaders should review and refer to their job descriptions, and the policies and procedures relevant to their area of authority and responsibility to identify, measure, and address unprofessional behaviors.

One approach introduced by Vanderbilt University Medical Center uses a tiered intervention process. In this model when a single unprofessional behavior is observed, an informal "cup of coffee" conversation provides an opportunity for physician leaders to non-judgmentally promote accountability for an HRO culture. It is recommended that the coffee cup conversation be a limited discussion. The conversation asks the physician engaged in the alleged behavior to consider how they could have handled the situation differently. Deflection is to be expected. The conversation makes the observation of the behavior transparent. Most physicians will take accountability and resolve non-egregious behavior after one discussion.

There are many published definitions of professionalism. High-performing healthcare systems with proven success characterize professionalism as a skill comprising a set of behaviors that can be learned, observed, measured, and improved. The traditional medical staff model originated with a set of principles developed by the American College of Surgeons in 1919. These principles became the CMS Conditions of Participation promoting physician self-governance and autonomy. In the complexity of today's healthcare environment professionalism is the accountability to practice those behaviors that move us from a culture of autonomy to working in teams for the sake of the patient and the greater good. A service line approach is the emerging model to support this accountability for collaboration and alignment with organizational mission and goals. It is the role of the chair to be an exemplar for physician's learning and adoption of these essential behaviors for a well-functioning HRO and a service line culture. To be effective chairs and leaders, physicians will first need to develop their own professionalism. They will need skills to build and maintain an inclusive environment, support physician colleagues, and navigate the inevitable conflict that change will bring. Chairs can reach out to their CMO or HR personnel to get guidance and/or available resources to develop the professional skill that will position them and the team to be high performers in a HRO service line culture.

Resources to Learn More (internal):

Visit the RWJBH Bridge Leadership and Professional Development Catalogue to find courses in the following topics - https://thebridge.rwjbh.org/Resource.ashx?sn=leadership-and-employee-prof-dev-course-catalog

- 360 Talent Developer
- Emotional Intelligence
- Setting Expectations and Accountability A Leader's Role in Managing Teams
- Communicating Effectively
- Crucial Conversation
- Resolving Conflict

Resources to Learn More (external):

- Hickson et al, A Complementary Approach to Promoting Professionalism: Identifying, Measuring, and Addressing Unprofessional Behaviors. Acad Med, Vol. 82, No. 11/ Nov 2007
- Dubree et al. Promoting professionalism by sharing a cup of coffee. American Nurse Today Vol 12, Number 5
- Promoting Professionalism Pyramid | Vanderbilt Center for Patient and Professional Advocacy (vumc.org)

- Kanter M. What does professionalism mean to the physician? Perm J 2013 Summer;17(3):87-90
- Medical Professionalism In the New Millennium: A Physician Charter https://doi.org/10.7326/0003-4819-136-3-200202050-00012
- Johnathan Burroughs, Redesign of the Medical Staff Model: A Guide to Collaborative Change, Chapter 1 (ACHE Management) Published 2015
- Gallo, Amy. HBR Guide to Dealing with Conflict- Assess the situation, manage your emotions, and move on. HBR Press

Who I should contact if I have more questions:

- Local Chief Medical Officer
- Local Human Resources Leadership (search HR Directory by site here)

Quality Improvement

Why this is important to me as a Department Chair/Chief:

Quality Improvement (QI) efforts strive to improve patient outcomes (health), optimize system performance (care), and enhance professional development (learning). Quality metrics are used by various organizations for public reporting. These same quality metrics impact organizational reputation, patient preference for healthcare needs, and is incorporated into Pay for Performance initiatives. Metrics used in Pay for Performance initiatives are determined by CMS (Value Based Purchasing or penalty programs for excess readmissions), 3rd party payors (like Aetna), NJ Medicaid Quality of Improvement program (QIP) and various others. Additional examples of quality reporting organizations include CMS, Joint Commission/DNV, Leapfrog, NJ Department of Health, US News &World Report, Healthgrades and more. QI initiatives have been demonstrated to improve patient outcomes by minimizing variability of care delivered across providers and institutions. QI additionally supports ACGME Competencies of Systems-Based Learning and Improvement (PBLI) and Systems-Based Practice (SBP).

What I need to know – Executive Summary:

Quality Improvement encompasses patient safety, high value care, and a high reliability culture which promotes best practices, acknowledging and mitigating risks, clear communication and standardization of corrective measures when necessary. There are several models used for QI – Robust Process Improvement (RPI), Model for Improvement, Lean, Six sigma and the most widely implemented: Plan-Do-Check-Act (PDCA). QI provides a framework to provide excellent care and cost-effective utilization of resources. Examples include the use of bundled order sets to decrease central line bloodstream infection or eliminating daily CBCs in stable patients. While QI focuses on improving and implementing processes, research focuses on evidence-based guidelines to drive best practices. QI used for system improvements are complex and require leadership to provide both direction and engagement.

PDCA: The Plan-do-check-act (PDCA) is a four-step cycle that allows implementation of change to provide solutions and continuously improve processes. The Plan phase is determined with the stakeholder team. What are we trying to accomplish? How will we know that the change is an improvement? Are there measures of success? What changes can we make that will result in an improvement? With clearly defined goals, the cycle of change may begin. The test of change occurs in the Do phase. In the Check phase the results are analyzed. In the Act phase, the team implements or adapts the intervention on a broader scale. The change is continuously monitored and iterated as necessary by repeating the cycle. The PDCA approach offers a systematic and effective process improvement guide and informs future improvement by providing feedback. Examples of PI tools used to understand current state are process maps, interviews, cause and effect diagrams (fishbone), with run or control charts to track progress of the change.

Types of Quality Metrics include Structural (ie. nurse to patient ratios, number of monitored beds), Process (ie. assessment of activities carried out to deliver services such as the Sepsis Bundle) and Outcome (ie. blood pressure

control, mortality rates, incidence of nosocomial infections). An example of a structural measure relating to CLABSIs include percentage of providers inserting central lines who have utilized simulation training. An example of a process measure would be percentage of compliance with the central line bundle. A proven method to reduce variability in care provided is to utilize standardized protocols and bundled order sets embedded in the electronic medical record. Similarly, the outcome measure in this instance would be the incidence of CLABSI. There are many sources of data; administrative data (billing claims), abstracted data, registries, surveys, EMR, directly observed and surveillance data, to name a few.

It is important to recognize that individuals respond to change in an unpredictable and diverse manner. Frontline engagement and champions (early adopters) are key to influence and change behavior. Motivating others involves transparency and clear effective communication. Rewards and recognition convey appreciation of the commitment to effectuate measurable improvement.

Accreditation/Regulatory: There are several organizations that set standards of excellence in health care delivery and serve as the foundation for providing safe and effective care. The Centers for Medicare & Medicaid Services, is a federal agency within the United States Department of health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program, and health insurance portability standards. The Joint Commission (TJC) is a global driver of quality improvement and patient safety. The JC evaluates health care organizations to improve performance and provide high-quality healthcare. Accreditation is award upon successful completion of an on-site survey and numerous points of assessment. Disease specific recognition can also be awarded. As an example, the Commission on Cancer of the American College of Surgeons reviews cancer program activity documentation to ensure compliance with standards. Such certified designations allow healthcare institutions to be eligible to receive reimbursement by payers, such as Medicare. In addition, accreditation can help attract funding from both public and private sources such as the NJ State Department of Health.

Regulatory agencies also require healthcare systems to identify serious adverse events which have led to patient harm. Some regulatory agencies also require self-reporting of incidents of preventable harm. Circumstances surrounding such events need to be thoroughly investigated. Root causes analyses are conducted using a multidisciplinary approach to identify the underlying system-based and individual factors which led to the events. Based on the analysis, interventions such as policy changes may be implemented to mitigate the risk of recurrence. The High Reliability culture promotes speaking up for safety in order to eliminate errors which are preventable.

Resources available to me (internal):
The Quality Resource Management team at your site includes coordinators and facilitators for all quality and safety initiatives. They, with the support and leadership of the CMO, will work closely with you on quality initiatives, review serious safety events, and conduct peer reviews/RCAs. There are many scorecards available to demonstrate different quality indicators and measurable outcomes. Tableau is an example of our internal reporting scorecard application. There are many scorecards available to you relating to quality outcome measures and healthcare operations. Please coordinate with your CMO and quality team to familiarize yourself with the available scorecards and reports and ask to be added to the distribution lists for those relevant to your department.

Resources are available to me (external):

- Institute of Healthcare Improvement (IHI): Model for Improvement: https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
- Agency of Healthcare Research and Quality (AHRQ): https://www.ahrq.gov/topics/quality-improvement.html
- CMS Quality Net (Source for specifications for required reported measures to CMS): https://qualitynet.cms.gov/files/5d55acf3c84b454088432320

Who I should contact if I have more questions:

- Andy Anderson, MD – Chief Medical and Quality Officer (RWJBH system)
- Deborah Larkin-Carney, RN – SVP Quality, Patient Safety, Experience and Regulatory (RWJBH system)
- Quality Leadership and Department at your facility

Transition from Peer to Leader

Why this is important to me as a Department Chair/Chief:

Effective leadership is a fundamental driver of change, and a reinforcer of culture. An effective physician leader should be a role model, teacher, and coach for physician colleagues and for all members of the health care team. Leaders should not work in a vacuum, but rather must seek out the input of stakeholders to develop and implement the strategies, goals, and tactics to achieve exceptional outcomes for patients.

What I need to know – Executive Summary:

A physician leader wears many hats, and these range from setting and reinforcing priorities, holding others accountable, inspiring others to reach their full potential, solving hospital or health system-based problems, and ensuring excellence in patient care. In navigating to decisions, a leader must carefully listen to all sides and consider different perspectives, and then be willing to decide based on the circumstances of the situation. Transparency of that decision-making process enables predictability and certainty and builds trust among all team members. The physician at the bedside is focused on the patient in front of him or her. The physician as a leader has a larger view to consider, including all the patients in the health care facility and in the surrounding community, and all the employees including physician colleagues who contribute to the operations and outcomes of their department, hospital, and health care system.

Resources to learn more (internal):

- RWJBH Leadership Development Course Opportunities: https://thebridge.rwjbh.org/Resource.ashx?sn=leadership-and-employee-prof-dev-course-catalog
- Safety Together Medical Staff Resources: https://thebridge.rwjbh.org/safety-together/safety-together-medical-staff-resources.aspx?srcaud=safety-together

Resources to learn more (External):

- Blanchard, JR. (2018). From Clinician to Leader, the Road to a Better Fit. https://www.physicianleaders.org/articles/clinician-leader-road-better-fit
- Dye, C. (2023) Leadership in Healthcare: Essential Values and Skills, Fourth Edition
- Dye, C. & Sokolov, J. (2013). Developing Physician Leaders for Successful Clinical Integration
- Friedman, S. (2014). Work + Home + Community + Self. https://hbr.org/2014/09/work-home-community-self
- Frisina, ME & Frisina, R. (2023). Leading with your Upper Brain: How to Create the Behaviors that Unlock Performance Excellence.
- Lee, T. (2010). Turning Doctors into Leaders. https://hbr.org/2010/04/turning-doctors-into-leaders?ab=at_art_art_1x4_s02
- Lee, T. (2019). The Good Doctor: What it means, How to Become One, and How to Remain One.
- Nance, J. J. (2008). *Why hospitals should fly: the ultimate flight plan to patient safety and quality care* (pp. 759-761). Bozeman, MT: Second River Healthcare Press.
- Opelka, F. G. (2019). Transitioning from Practice to Health Care Administration: The Later Years. *Clinics in Colon and Rectal Surgery*, *32*(06), 461-664.
- Perez, J. (2021). Leadership in healthcare: Transitioning from clinical professional to healthcare leader. *Journal of Healthcare Management*, *66*(4), 280-302.

Who I should contact if I have more questions:

Your Chief Medical Officer (CMO) can serve as an excellent resource, and mentor on your path to becoming a transformational leader. The CMO can provide clarity on your duties, responsibilities and understanding of the priorities of the hospital and health system, as well as imparting guidance on interactions with both hospital and system administration.

RWJBarnabas HEALTH | Community Medical Center

Workplace Violence Prevention

Why this is important to me as a Department Chair/Chief:

According to the Bureau of Labor Statistics, 73% of nonfatal workplace violence injuries and illnesses occur in healthcare. The adverse impacts of high rates of workplace violence in healthcare can lead to an impact on care delivery and quality of care, elevated rates of absenteeism, high rates of stress, and voluntary turnover (Lim, et. Al, 2022). Medical Staff who feel safe at work may be less distracted, happier, more productive, and have higher levels of engagement. We want our medical staff to be able to focus on doing the work that they love and do best and worry less about their own safety and wellbeing while at work.

What I need to know – Executive Summary:

We all have a shared responsibility to work together as one system, one family to maintain safety for our colleagues, patients, visitors, and communities. This is known as our mission to "*Protect Together*". At the heart of this effort is our Nonviolence in the Workplace Policy. This policy defines what constitutes violent acts and threats, identifies potential warning signs, processes for reporting, and possible actions to be taken to ensure everyone's safety and well-being. The policy establishes zero tolerance for violence, threats of violence, harassment, intimidation, bullying, and other disruptive behavior. As leaders, it is vital that we know and understand the nonviolence policy and work hard to advance a culture of safety. Follow these key points:

- **Be kind:** One of the most important actions we can all take to improve safety is to treat each other well, with empathy and compassion. Especially when a patient or family member may be escalating, responding with calmness and compassion can help.
- **Use Early De-Escalation Skills:** The early application of basic de-escalation skills can help reduce tension and conflict. When confronted with a tense or agitated individual make sure your own emotions and demeanor are calm, non-threatening and empathetic at all times. Use AIDET to calmly try to get the individual focused on you and not on what is triggering their behavior. Thank them for giving you the opportunity to help them.
- Listen with empathy and intent to understand what their concern may be.
- **Be prepared:** Employed medical staff should update their contact information in PeopleSoft, including a current cell phone number. This information integrates into our mass notification system, Send Word Now, so that we can communicate when it matters most.
- **See something, say something:** At all facilities, everyone, including employees, physicians, patients, visitors, and vendors are empowered to call security directly to report concerns. Report emergencies to your local security team and/or 9-1-1 when safe to do so. Don't ignore your instincts, reporting concerns is always okay.
- **Document workplace violence:** When safe and practical to do so, please ensure any instance of workplace violence is documented in a timely manner using the Verge workplace violence reporting module. This will allow for a timely review, additional actions if needed and fixing any systemic or process issues that may be identified.
- **Early Recognition:** Concerning behaviors should be brought to the attention of HR or Security for assessment. This may include a current or former patient, employee, or visitor who holds obsession about someone who they believe has wronged them, displays extreme anger, or sees themselves regularly as a victim. Their behavior could include unusual references to weapons, multiple grievances, suicidal ideation, changes in health or hygiene, or unusual declines in job performance. In addition, know that the 24x7 Ethics Point hotline, 1-800-780-1140, is also a safe place for anonymous and confidential reporting of such concerns.
- **Promote Training:** All ED, behavioral health, and security staff are required to take annual BEST training which trains and practices de-escalation skills. We also encourage department heads take this training as well. If you are interested in attending, please contact your local Security Leader.
- Encourage Engagement: Be mindful that each acute care hospital has a local workplace violence committee that meets monthly. Those interested can participate. Per policy, HR and Security co-chair the committees.
- **Stay informed:** Visit the new Corporate Security and Office of Emergency Management Bridge page to learn more about this team.

- **Care for yourself and others:** Know that the Employee Assistance Program is available 24/7 and can be accessed at any time by calling 800.300.0628.

Resources to learn more (internal):

- Employee Assistance Program
- Nonviolence in the Workplace Policy
- Workplace Violence Committee Policy
- The Compliance Helpline
- Corporate Security on the Bridge
- Knowing When and How to Run, Hide or Fight Training Video on the Bridge

Resources to learn more (external):

- Active Assailant Training for Public Places, FBI Training Video.
- Barton, Laurence (2012). The Violent Person @ Work. London: Anthem Press.
- Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, Occupational Safety and Health Administration, OSHA 3148-06R 2016
- Healthcare Heroes Violence Prevention Act, NJ
- Lim, MC, et. Al. (2022). Workplace violence in healthcare settings: The risk factors, implications and collaborative preventive measures. Ann Med Surg, doi: 10.1016/j.amsu.2022.103727.
- International Association of Healthcare Security & Safety
- Workplace Violence in Healthcare, U.S. Bureau of Labor Statistics (USBLS) 2018.

Who I should contact if I have more questions:

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Updates and Revisions Tracking

Review Date	Reviewed By
10/3/2023 – Original Version 1	Emily Halu, Michael Loftus & Andy Anderson following CMO approval of content and topics