Froedtert & Medical College of Wisconsin

UrologyNews

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IN THIS ISSUE

EDITOR'S NOTE

Dear Reader,
We hope you find this issue of the Medical College of Wisconsin Department of Urology newsletter useful. We welcome your feedback and suggestions.

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The Academic Physician as Leader in the Evolution of Health Care

William See, MD, Professor and Chairman, Department of Urology

William See, MD

This edition of the Medical College of Wisconsin Department of Urology newsletter highlights some of the transformative changes that are occurring in health care. Market consolidation, big data, communications technology, multidisciplinary care and electronic health records are fundamentally changing the nature of health care delivery. With a promise of greater efficiency, improved quality, greater data portability, decreased costs and more robust revenue capture, these trains are not only on the track and up to speed but are also accelerating and gaining momentum. The options for engagement are few: Get on board, get out of the way and be left behind or get run over. Given the limited choices, the real question isn't whether or not physicians are on the "train" but, more importantly, what role they will play in moving the train forward. Will the profession function as a group of porters, passengers and conductors or as the engineer responsible for determining speed and direction?

Historically, physicians have abdicated responsibility for managing the business of medicine to nonphysicians. In the context of rapid health care change, the consequences of this historic delegation are profound. Currently, many integrated health care systems are overseen by individuals who have never seen a patient. While well intended, these leaders must rely on consultants, so-called industry standards and workforce management tools that apply to hourly employees for the insight required to direct what is, perhaps, the most highly educated, self-motivated, independent-minded workforce in any industry. With limited venues for formal representation, the physicians — the true advocates for patients' interests — are relegated to the status of corporate employees whose value is measured in policy compliance, wRVUs and the associated downstream revenue to the health system. In the case of academic physicians, scientific pursuit and teaching are, at best, afterthoughts to be pursued at the expense of one's personal time and ever subservient to the wRVU.

There are lessons to be learned from our path to this point. However, the more pressing issue for the future of our profession is how we go forward. Who will lead the evolution of health care in a way that serves the interests of patients, advances clinical science and trains the next generation of physicians? Leadership requires credibility. Credibility requires shared experience and firsthand perspective. I believe you can no more captain a ship having never sailed one than you can transform a health system to serve the interests of a patient having never been responsible for caring for a patient. That said, it is important to acknowledge that credibility cuts both ways. Is it realistic to believe that most physicians are suited to lead complex business organizations absent the ability to calculate net present value? To manage supply chain? To understand the importance of financial performance with respect to bond rating and the cost of money? Of course not! What, then, is the answer?

The sheltered environs that served as protective bubbles for physicians in general, and academic physicians in particular, is rapidly dissipating. We can no longer afford the self-indulgent, some would argue arrogant, focus on the "higher callings" of patient care, science and education. If these

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What's New?

January 2018

The Medical College of Wisconsin Department of Urology relocated its offices to the new MCW Hub for Collaborative Medicine building.

The Froedtert & the Medical College of Wisconsin Drexel Town Square Health Center opened in Oak Creek, Wis. Scott Johnson, MD, cares for general urology and urologic oncology patients at this site.

May 2018

Michael Moriarty, MD, the 2017-2018 recipient of the Richard B. Bourne, MD, Award for Urology, traveled to Procept Bio Robotics in California for focused training in Aquablation.

June 2018

Graduating chief residents included: Meghan Brown-Schaefer, MD, practicing at Uropartners in Chicago, Ill.; Melissa Nissan, MD, practicing at Mayo Health System in Eau Claire, Wis.; Kevin Zeeck, MD, practicing at Aurora Healthcare in Slinger, Wis.; Luriel Smith-Harrison, MD, andrology fellow graduate, working at Virginia Commonwealth University.

We welcomed several new residents: David Charles, MD, Medical College of Wisconsin; Tyler Wittmann, MD, University of Wisconsin School of Medicine and Public Health; Raymond Yong, MD, Rush Medical College, Rush University Medical Center. We also welcomed a new andrology fellow, Luke Machen, MD, Louisiana State University Health Sciences Center School of Medicine, Baylor Scott and White Urology Residency.

August 2018

We held the Multi-Institutional Bladder Exstrophy Consortium picnic. (See page 3.)

September 2018

We welcomed pediatric urology faculty member Jonathan Ellison, MD. (See New Faculty Announcement, page 6.)

November 2018

We welcomed Myranda Koch, DNP, FNP-BC, an adult urology advanced practice provider. She provides inpatient and outpatient care at Froedtert & MCW Froedtert Hospital and the Froedtert & MCW Urology Center. (See page 8.)

Vizient Ranking and Quality Measures

Siddhartha Singh, MD, MS, Chief Quality Officer, Froedtert & the Medical College of Wisconsin Froedtert Hospital; Associate Dean of Quality in Clinical Affairs, Medical College Physicians

Siddhartha Singh, MD, MS

Building a culture of high quality is purposeful. It takes dedication from every team member, along with hard work and strong leaders who continually reach for new goals. The quality journey in the Medical College of Wisconsin Department of Urology has been rewarding, and we are fortunate because the Department of Urology has strong supporting institutions that have also achieved extremely high marks for quality and safety. In today's complex health care environment, all of us realize that highly talented individuals must be supported by equally skilled services and people to assure the best outcomes. For this reason, we wish to share with you how the "macro-environment" surrounding Urology allows us to focus on our area of specialty care because our partners are highly qualified with national rankings that assure they are among the very best.

Beginning with the state as a whole, did you know that Wisconsin was the number one state in the country in 2017 for health care quality and safety according to the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality? While this ranking focuses on primary care, the ranking is shared with specialists. Achieving the number one rank is no small accomplishment. In 2017, Massachusetts was listed as the healthiest state in the country. In comparison, the people of Wisconsin are only the 24th healthiest in the country. Lifestyle and personal choices have resulted in increased health risk factors including higher rates of coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver disease, gallbladder disease, sleep apnea, respiratory problems and osteoarthritis.[i,ii]

Now, consider that the Medical College of Wisconsin, the state's oldest and largest medical school, also has the largest specialty physician group in the state. It becomes easy to understand the important role Medical College Physicians plays in driving the nation's highest quality outcomes for patients who are not the healthiest to begin with.

MCW urologists practice exclusively within the Froedtert & MCW health network, which includes eastern Wisconsin's only academic medical center. We offer physicians across the state a resource they can partner with and to which they can refer patients who need diagnostic techniques, therapies or consultations that cannot be duplicated everywhere. In 2017, Vizient, an organization of academic/community medical centers that independently analyze patient safety, quality and outcomes, ranked Froedtert & MCW Froedtert Hospital the third best academic medical center in the country. In 2018, we were ranked 13.[iii,iv] Vizient rankings are critical because they evaluate all the care provided in an organization rather than just a certain subset of patients or conditions. Vizient rankings stringently compare a health system to peer organizations in areas that truly make a difference in improving health care quality. Froedtert Hospital has also been awarded Magnet certification by the American Nurses Credentialing Center which

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The Rothman Index: Ensuring Optimal Patient Outcomes

Michael Stadler, MD

Michael Stadler, MD, Chief and Associate Professor, Otolaryngology and Communication Sciences

The advent of the electronic medical record system has fostered an exponential increase in the collection of data. The question of how to best use this information to improve patient outcomes intrigued many who sought to answer the demands of national initiatives such as the 100,000 Lives Campaign.[i] Many investigators developed "early warning systems"[ii],[iii],[iv],[v],[vi] that leveraged various facets of this information. One of these systems is the Rothman Index which is a statistically validated patient acuity monitoring system[vii],[viii] that applies to all diseases and conditions. The Rothman Index develops a general measure of a patient's condition in real time and tracks their condition and overall acuity over time. By quantifying patient risk, the Rothman Index can use predictive analytics to detect patient deterioration up to three days before deterioration would otherwise be detectable. This early warning system then drives the ability to intervene with often minor interventions before a patient's condition becomes critical.

We implemented the Rothman Index in the spring of 2018 as part of our commitment to ensure the best patient care outcomes in the nation. Fellow organizations considered high-performing by Vizient—Yale Medicine and Houston Methodist Hospital—implemented the Rothman Index and discovered a 30 percent reduction in mortality. The literature also supports the ability of the Rothman Index to predict other important outcomes including discharge disposition, utility of palliative care consultation and the risk of 30-day readmission.[ix],[x],[xi] Variability and decline in the Rothman Index have also been used to predict the potential for a patient to experience an event that requires the intervention of a Rapid Response team.[xii] A patient in the ICU with a declining Rothman Index score may be at increased risk of transfer back to the ICU within 48 hours.[xiii] An important facet of all of these studies is the evidence to support that subjective nursing input is a crucial factor in determining the Rothman Index score and ultimate patient outcome.[xiv]

Like other early warning systems, the Rothman Index collects a large amount of data that would be nearly impossible for the human mind to synthesize rapidly. The Rothman Index collects over 700 clinical data points including vitals, labs and physiologic parameters, but the similarity to other warning systems ends there. Nursing assessments have been scientifically proven in peer-reviewed journals to be predictive of patient acuity and are a unique but key component of the Rothman index algorithm. Our successes demonstrated in our Vizient ratings are possible because our highly skilled nursing staff work closely with our providers in helping determine the best care for our patients. In essence, the potential advantage of the Rothman Index is the automation of this teamwork and visibility to care teams of the data trends over time.

Automating this interaction serves to alert all of our providers and staff that the patient may need additional monitoring or intervention to adjust therapies early when only minor corrections are required. In essence, the Rothman Index supports our long-established motto that it takes a highly competent *team*, including providers, nurses, pharmacists and others working in concert to excel at the highest levels. With implementation of the Rothman Index, our goal is to be the safest health system with the highest-quality care. The Rothman Index is just one example of the ways Froedtert & the Medical College of Wisconsin providers work together with our Urology team to deliver this care through effective communication that transcends specialties and drives the best patient outcomes possible. ■

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Pediatric Urology Kicks Off First Annual MIBEC Event

The Medical College of Wisconsin Division of Pediatric Urology sponsored its first annual Multi-Institutional Bladder Exstrophy Consortium (MIBEC) seminar and picnic on Aug. 11, 2018, in Milwaukee. MIBEC consists of pediatric urology providers from Children's Hospital of Wisconsin in Milwaukee, Boston Children's Hospital and Children's Hospital of Philadelphia. The mission of the group is to improve surgical and long-term outcomes for children treated for bladder and cloacal exstrophy and epispadias.

The event began with educational presentations for parents at Children's Hospital of Wisconsin's auditorium in the morning followed by a family picnic at the Milwaukee County Zoo in the afternoon. Families from several states across the Midwest joined us for this tremendously successful inaugural event. ■

A Commitment to Quality

Robert Donnell, MD, Vice President and Chief Medical Informatics Officer, Froedtert & the Medical College of Wisconsin health network

Robert Donnell, MD

The Medical College of Wisconsin Department of Urology is an integral part of a leading quality organization that has provided strong support for the Urology team's drive for excellent care. This is particularly important because Wisconsin has a higher incidence of prostate, bladder and kidney cancers compared to most of the country.

Recognizing that prostate cancer is not over-diagnosed but rather over-treated, the Department of Urology and its partners implemented highly effective quality programs to more accurately diagnose and stage prostate cancer with prostate magnetic resonance (MR), PIRADs classification and fusion biopsies. The ability to better define a patient's disease is a foundational quality measure that empowers Urology Department faculty to leverage the most advanced guidelines to stratify patients who require treatment versus those who are best served with active surveillance. For bladder cancer, the Department of Urology acquired a "blue light" cystoscope, which detects abnormal areas that the standard cystoscope cannot identify. From a quality perspective, earlier detection and better staging is believed to improve patient outcomes.

For patients who require surgical care, we deliver care within the Froedtert & the Medical College of Wisconsin health network — the Vizient-recognized, safest and highest-performing health system in Wisconsin, Illinois, Iowa and Michigan. Our success is driven by collaborative teams that continuously review outcomes to develop solutions that drive the best patient care — such as our radical cystectomy patient education tool, which is a major factor in reduced re-admissions.

In today's world, the electronic medical record (EMR) is central to delivering care. Customizing our EMR, we have augmented our Epic medical record software's ability to identify sepsis. We have also developed Epic tools to predict which patients are at greater risk for respiratory side effects from medications. And we have designed alerts to help physicians use antibiotics more wisely. We built alerts into Epic to assure urinary catheters and central venous lines are removed in a timely fashion to reduce the risk of infection. We have also built in a series of alerts to help remind busy clinicians to start high-value care, including alerts that help us reduce the risk of deep venous thrombosis. We developed a specialized, real-time case tracking system that automatically reviews and communicates all of the pre-operative work (including procedure-specific tasks) to insure tasks are completed prior to surgery. This work has been so successful that it is in process to become Epic's model workflow for the country.

All of this adds to a foundation of customized activities within our department. The literature confirms that protocols are associated with more rapid return to health, improved outcomes and lower cost. In the last year alone, we have formulated protocols that standardize the management of symptomatic urinary tract infections, allowing nurses at our triage desk to begin pain management more rapidly for patients with a known history of chronic stone formation or for those who have an indwelling ureteral stent. We've added a large number of medications that can be automatically refilled by protocol to ensure patients do not experience a gap in care. Using our EMR, we have armed highly reliable people with a highly reliable process to automate pre-procedure urinary pregnancy testing; pretreatment for contrast allergies in patient scheduled for imaging; proper patient preparation, including stool culture testing prior to prostate ultrasound and biopsy; pre-cystoscopy and urodynamic study medication protocol orders; rigidly controlled chemotherapy bladder installation and intravesical bacillus Calmette-Guerin (BCG) administration. Our standardization of bladder fill and void testing, post-void residual testing, as well as discontinuation of suprapubic tubes, improves the quality of these tests and tools, driving better patient outcomes.

We've also dedicated a great deal of effort to creating protocols that standardize urinalysis and urine culture orders. These protocols have reduced the incidence of clinical areas falsely recording that patients have a urinary tract infection, which exposes patients to a sequela of unnecessary antibiotics. Urology faculty also understood the improved quality that occurs with timely answers to patient's calls or messages. We instituted a lean process that improved response time to patient questions by 54 percent. The Urology triage desk now answers patient calls in less than 40 seconds, resulting in an impressive Press Ganey score of 90.9.

The Froedtert & MCW health network has joined the "Open Notes" initiative and provides copies of a patient's progress notes, consultations and results in the patient portal. Open notes have shown that sharing the provider's assessment as well as the treatment plan with the patient improves their understanding of treatment and increases medication compliance. This transparency provides a valuable tool whereby we partner with our patients to drive quality outcomes. Our participation in the Open Notes initiative has been associated with positive patient engagement.

Society has pressured health care systems in the U.S. to change. The call to transition from volume to value is difficult to conceptualize. However, physicians have always been strong advocates for quality. A physician focus on quality will address the most compelling issues driving the call for value. We know that academic medicine must adapt to society's needs, which means medical schools and academic health systems must develop and

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Inception Health and Virtual Care

Bradley H. Crotty, FACP, MPH, MD, Medical Director, Medical College of Wisconsin Digital Health Program and Inception Health; Research Faculty Member, MCW Center for Patient Care and Outcomes Research

Bradley H. Crotty, FACP, MPH, MD

More than a decade ago, we implemented an electronic ICU system (eICU) to improve patient clinical quality and patient safety.[i, ii, iii] The eICU is a remote facility staffed with intensivists and critical care nurses who monitor patient vitals, physiologic parameters, labs and patient response to therapies for all hospitals in the Froedtert & the Medical College of Wisconsin health network. Staff from the eICU team communicate seamlessly with bedside caregivers to assure continuous, high-level care. The eICU team was designed to provide continuous patient care by an intensivist, a second set of eyes to help support the bedside nurse and to build relationships with community hospitals that want to care for critically ill patients with the same quality as the academic medical center but within their community. National health care leadership committees estimated that this round-the-clock intensivist-managed ICU care could save more than 50,000 U.S. lives each year[iv] and help hospitals meet the formalized standards for intensivist staffing set by the Leapfrog Group[v].

A team of seasoned critical care nurses, well-versed in the concept of system surveillance and micro/macro patient condition investigation, leads in observation and escalation.

As one of the very early implementers, our health network pursued the eICU to improve patient care and safety based on studies that have shown that eICUs have lowered hospital mortality for ICU patients and shortened the ICU length of stay. [vi, vii, viii] Our design for the eICU was built around a multidisciplinary, intensivist-led team with automated means to track and measure outcomes. Vizient, the largest academic/community health care performance improvement organization in the country, has shown that Froedtert & MCW patients have better outcomes compared to almost all hospitals in the country.

Today, the eICU team has evolved into our virtual care team, and our success has changed practice behavior as well as patient outcomes. Our sickest patients, who require extensive surgical therapies, benefit from 24/7 coverage by our physicians and nurses. Our health network's leadership reasoned that the benefits of a "second set of eyes" should not be confined to the eICU environment; hence, we now offer services for patients in the ICU and on the patient care floors, and we are moving toward monitoring patients in nursing facilities and at home. With the support of our skilled ICU virtual care team, Department of Urology faculty know they can offer definitive treatments to patients who may not be able to be treated elsewhere.

In a related article in this newsletter, we discuss our state-of-the-art patient acuity early warning system. This system, the Rothman Index, has been shown to reduce the risk of unexpected patient outcomes. The scoring system produced by the Rothman Index is updated continuously and can predict patient deterioration up to three days before it becomes apparent, such as with declining vital signs. This "second set of eyes" partners with the bedside nurse to ensure changes in early warning systems are acted upon as soon as possible. This increases the value of such systems. In the past couple months alone, we have seen the number of calls drop by 95 percent in an ancillary department. Bedside nurses now reach out to the virtual care team as their first point of contact for all needs or concerns that do not require bedside assessment or meet criteria for rapid response. Having the virtual care team available frees the rapid response team to care for patients who really need their specialized skill set. The virtual care team conducts virtual rounds twice each day to review a shared watch list. When necessary, the team reaches out to the rapid response team nurse in real time with patients' concerns identified for proactive bedside assessment and intervention. The partnership between our virtual care team and our bedside nurses is unique to our health network.

To remain among the top 10 academic health care systems in the country, we need to discover new ways to improve care, increase patient safety and decrease costs. Our unique use of the virtual care team to monitor the Rothman Index creates the optimal environment for patient-centered care. Pairing our virtual care team with floor nurses helps us reach patients sooner when minor interventions preempt the need for resource-intensive interventions. This pairing also reduces patient length-of-stay and mortality rates.

Our virtual care team is the hub for our digital health services, allowing faculty and our health network to collaborate and solve key health care problems, develop new ideas and work to

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Children's Hospital of Wisconsin Receives Center of Excellence Designation From Association for the Bladder Exstrophy Community

Children's Hospital of Wisconsin in Milwaukee has been designated a "Center of Excellence" in the treatment of bladder and cloacal exstrophy by the Association for the Bladder Exstrophy Community (A-BE-C).

A-BE-C's Centers of Excellence program is the first to recognize health systems that meet the highest standards of treatment for the rare conditions of bladder and cloacal exstrophy, including post-operative and long-term care.

Bladder exstrophy is a rare birth defect in which the bladder has not formed correctly at birth. Treatment requires surgical reconstruction. With surgery and other treatment, children born with exstrophy can lead normal, healthy and active lives.

The program at Children's Hospital of Wisconsin is led by a team of urology providers from the Medical College of Wisconsin including John Kryger, MD; Travis Groth, MD; Elizabeth Roth, MD; and Coleen Rosen, DNP. The program is part of a larger team called the Multi-Institutional Bladder Exstrophy Consortium or MIBEC. The MIBEC brings together the country's top pediatric urologists from Children's Hospital of Wisconsin, Children's Hospital of Philadelphia and Boston Children's Hospital. The goal of this multicenter team is to improve surgical techniques to restore the cosmetic appearance and function of the urinary and reproductive tract, teach new physicians and colleagues worldwide and report on improved patient outcomes and quality of life. ■

John Kryger, MD (Chief and Professor of Pediatric Urology) receives the Center of Excellence Award from Pamela Block, executive director of the Association for the Bladder Exstrophy Community.

Welcome, New Faculty Member

The Medical College of Wisconsin Department of Urology, Division of Pediatric Urology, is pleased to welcome Jonathan Ellison, MD, to our faculty. Dr. Ellison began his work at the Medical College of Wisconsin and the Children's Hospital of Wisconsin on Sept. 1, 2018. He comes to us from Seattle Children's Hospital where he was a faculty member for two years. His clinical and research interests focus on care for children with nephrolithiasis although he manages a wide range of common pediatric urologic conditions.

Jonathan Ellison, MD

Dr. Ellison completed an endourology fellowship at the Bristol Urological Institute in the United Kingdom and a pediatric urology fellowship at Seattle Children's Hospital. He completed his residency training in urology at the University of Michigan and received his medical degree from Duke University School of Medicine in Durham, N.C. He is board-certified by the American Board of Urology. ■

Author Biographies

Vizient Ranking and Quality Measures

Siddhartha Singh, MD, MS

Dr. Singh is the chief quality officer for Froedtert & the Medical College of Wisconsin Froedtert Hospital and the Associate Dean of Quality in Clinical Affairs for Medical College Physicians. He is an internal medicine physician at Froedtert Hospital and an associate professor of medicine at the Medical College of Wisconsin. Dr. Singh received his medical doctorate from the All India Institute of Medical Sciences in 2000 and completed his internal medicine residency at St. Francis Hospital in Evanston, Ill. He then earned a Master of Science degree in epidemiology from MCW in 2009 and completed his fellowship in general internal medicine at MCW. Dr. Singh is a valuable partner who is always eager to help us improve the quality of our care and patient outcomes. He has been listed in Best Doctors in America®.

Inception Health and Virtual Care

Bradley H. Crotty, FACP, MPH, MD

Dr. Crotty is the medical director for the Digital Health Program at MCW and Inception Health. He is also a research faculty member of the Center for Patient Care and Outcomes Research at MCW. Dr. Crotty is board-certified in internal medicine and cares for patients at Froedtert Hospital. In addition, he is board-certified in clinical informatics, specializing in improving clinical care through information and communication technology. He is a member of the American Medical Informatics Association and the Society of General Internal Medicine, and he is a fellow of the American College of Physicians. Dr. Crotty received his medical doctorate from Harvard Medical School and completed his residency, including a chief residency, at Beth Israel Deaconess Medical Center. He then completed a fellowship in general medicine at Beth Israel Deaconess Medical Center along with a Harvard Medical School research fellowship in general medicine and primary care. Dr. Crotty also earned a master's degree in public health from the Harvard School of Public Health. Dr. Crotty brings valuable perspective to MCW physicians and is a prominent authority on transparency in health care.

The Rothman Index

Michael E. Stadler, MD

Dr. Stadler is the medical director of administration for Froedtert Hospital and Medical College Physicians. He is board-certified in otolaryngology–head and neck surgery and specializes in head and neck oncologic and reconstructive surgery. Dr. Stadler is the chief of the Division of Head and Neck Surgical Oncology and Reconstruction. Dr. Stadler earned his medical doctorate at the University of Wisconsin-Madison where he was elected to the Alpha Omega Alpha medical honor society. He completed his otolaryngology–head and neck surgery residency at the University of North Carolina before going on to complete a head and neck oncology/microvascular reconstruction fellowship at Washington University in St. Louis. Dr. Stadler's work with predicative modeling and patient outcomes is extremely valuable to all MCW Physicians. His work in early patient intervention is critical to our best patient outcomes. He is listed in Best Doctors in America®.

A Commitment to Quality

Robert Donnell, MD

Dr. Donnell is the vice president and chief medical informatics officer for the Froedtert & MCW health network. He is board-certified in urology and in clinical informatics and specializes in benign prostate hyperplasia as well as targeted therapies for prostate cancer, including cryosurgery. Dr. Donnell earned his medical doctorate at the University of Wisconsin-Madison and completed his residency at MCW. He completed his fellowship as part of the American Urological Association Scholars Program before joining the faculty at MCW. Dr. Donnell served on several steering committees for National Institutes of Health studies and was a member of the American Urological Association's guidelines committee, which offered natural preparation for his clinical informatics work. Dr. Donnell is listed in Best Doctors in America®.

Medical College of Wisconsin

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Evolution of Health Care

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cornerstone elements of the profession are to have any hope of future relevance, the focus today must be on training the next generation of physicians, not as physician-scientists, but as physician business leaders. Much like climate change and atmospheric CO2 levels, proximate and profound change is required to prevent future catastrophe.

And so, it is with great pride that I note that all of the contributors to this edition of MCW Urology News, with its focus on business aspects of health care delivery, list MD as part of their credentials. It is a start — and hopefully, the beginning of a movement. For *"Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek." (Barack Obama, 2008).* ■

Commitment

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implement plans for successfully providing the best care delivery, developing the next generation of providers and redesigning the research environment to drive optimal patient care outcomes.

We are proud to help our state lead the mission to provide world-class urology care. Thank you to all of the providers who refer patients to us and to patients who place their trust in us. We are honored to partner with you as we drive quality in health care. ■

Rothman Index

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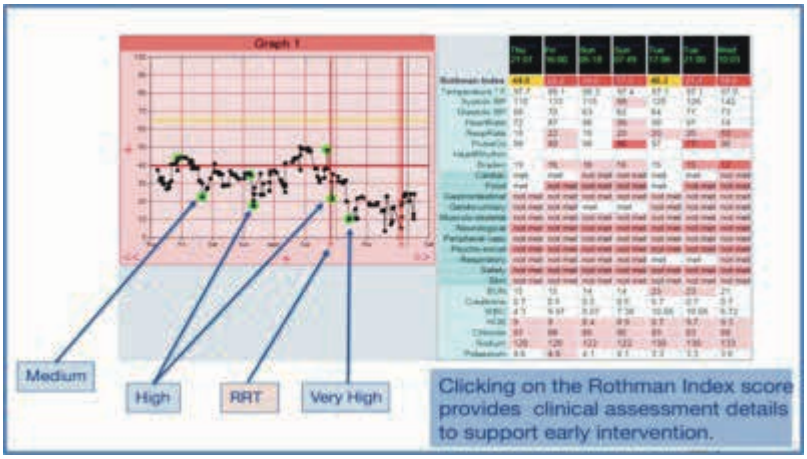

PATIENT VIEW using a simulated patient for demonstration
The scoring scale is shown on the left
The graph changes color based on patient acuity
The graph trends the patient condition over time

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Vizient Ranking *continued from page 2*

is the highest and most prestigious distinction a health care organization can receive for nursing excellence. Just 8 percent of U.S. hospitals have achieved Magnet certification. Patients and referring physicians can be confident that MCW urology faculty are supported by a highly skilled team of nurses, physician assistants and nurse practitioners. Joined by like-minded anesthesiologists, radiologists, oncologists, pathologists and intensivists, our team provides the best environment for patients who need advanced care. According to Vizient, this teamwork has real safety benefits for patients; we offer one of the lowest inpatient mortality rates in the country. Other important quality and outcomes measures include lower infection rates, one of the lowest rates for blood transfusions in the country and shorter hospital stays. ■

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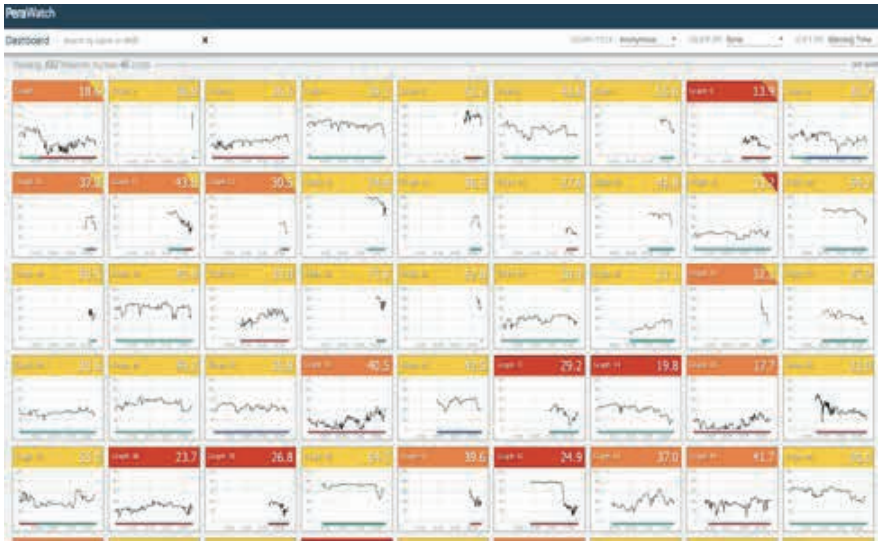
Inception *continued from page 5*

scale solutions across the health network. The virtual care team is a prime example of partnerships that support Urology faculty's drive to deliver the best patient care. Currently, the unique design of the virtual care team makes it one of the best designs in the country to study the sensitivity and specificity of alerts, as well as interactions among team members. From this perspective, our health network is best suited to continue defining what it takes to provide the highest quality of care for the benefit of our patients, faculty and staff. ■



This screenshot from the Rothman Index Monitoring Tool depicts patients on a hospital unit. The graphs are color-coded by illness severity.

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