



BRIGHTON MEDICAL CENTER

Quarterly

S P R I N G 1 9 9 2

Patient Lessons

Every three months, Brighton Medical Center's nursing staff receives some of the highest scores in the nation for its friendliness. (See "Four Stars for Patient Satisfaction.") It's a distinction that no one in the hospital treats lightly. Staff and administrators know, as does anyone who has ever spent time in a hospital, that compassion and concern can go a long way in promoting the healing process.

But as the cost of health care continues to climb, causing the length of hospital stays to decline and the percentage of patients with acute medical problems to rise, Brighton's nurses are not content to be recognized only for their kindly demeanor.

Concerned that patients receive as much healthcare information as possible and that they learn to control and monitor their conditions after they go home, a committee of nurses and other healthcare professionals has worked



New mother Tasha Phillips receives tips on infant care from Linda Candage, R.N., as part of Brighton's patient education program.

for the past two years to develop an effective patient education program.

Effective preventive medicine

"Education can have a powerful impact on patients and their loved ones," says Jan Stanley, a nurse educator and the chair of the patient educa-

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Four Stars for Patient Satisfaction



Brighton's nursing staff receives consistent high marks on the patient survey. Here, Patricia Faulk, G.N., provides support for patient Dorothy Holmes.

If the folks at Michelin were to issue a guide to hospitals that was based on patient satisfaction, Brighton Medical Center would earn a coveted four-star rating. If Siskel and Ebert were to shift their attention from film to health care, the hospital would undoubtedly receive two enthusiastic thumbs up.

That's the word from Press, Ganey Associates, a national patient satisfaction survey firm that four times a year rates everything from the quality of the medical care to the cleanliness of the rooms at 230 hospitals around the nation. Since it first participated in the survey two and a half years ago, Brighton Medical Center has consistently scored in the top ten percent of all hospitals. In its most recent rankings, Brighton's overall rating placed it in the 98th percentile, one of the finest performances by any hospital—large or small—in the country.

Controlling costs

Excellent scores, such as those received by Brighton, are not only impressive, they are also extremely

important to keeping a cap on the rising health care costs in America. As the cost of health care climbs and as competition among hospitals intensifies, medical institutions are under tremendous pressure to cut costs without affecting the quality of the services they provide. One of the most effective ways for hospitals to control their high "fixed" costs and retain quality is to operate as close to full capacity as possible.

A good indication that Brighton's focus on patient satisfaction is helping ensure a "full house" can be found in just one of the hundreds of statistics reported by the Press, Ganey survey. Tucked into the report is a short, no nonsense, question: "What is the likelihood of your recommending this hospital to others?" During the last quarter, patients at Brighton

Medical Center were more likely to recommend their hospital than patients at any other hospital included in the survey, placing Brighton in the 100th percentile on that simple, but extremely important, question.

According to William Blum, a regional director for Press, Ganey Associates, Brighton Medical Center is not alone in its efforts to focus on and improve customer service. "This is an industry-wide trend," he explains. One that is fueled by "increased attention to patient concerns about quality, greater competition between hospitals, and a growing interest on the part of accrediting boards for patient

input and feedback."

Because the Press, Ganey survey is designed to provide information about very specific services (the

promptness of night nurses in the special care unit, for instance), the results provide employees and their departments with an on-going assessment of the services they provide. In the process, they help to keep the entire hospital focused on the institution's number one priority: the patient.

Improving quality

The quarterly results also assist the hospital in identifying areas most in need of improvement. A few years ago, patient dissatisfaction with a lack of

parking caused Brighton to establish a shuttle service between the hospital and an off-site parking lot and to offer incentives to employees to use it, free-

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Health Care Costs: Diagnosing the Illness

Americans already spend more than \$2 billion a day on health care, yet the cost of medical care in this country continues to escalate dramatically. And while more than 12 percent of this nation's gross national product is now devoted to health care, some 37 million Americans—unable to afford the high cost of insurance—have no medical coverage at all.

A variety of factors—most of them complex and intertwined—have combined to influence the cost of the U.S. health care system. Clearly, there are no simple solutions to this growing nationwide problem. Yet as the federal government continues to struggle with the issue, hospitals and health care organizations around the country are experimenting with innovative programs aimed at controlling costs and improving access to medical care at the local level. Brighton Medical Center is at the forefront of that movement. This issue of the "Quarterly" begins a series of articles focusing on the creative and effective steps that the hospital has taken to attack the high costs of health care.

Is There a Doctor in the Town?

There are more physicians in the U.S. today than ever before, yet many Americans who live in rural parts of this country lack access to primary care. One reason for this disparity is a shortage of general practitioners. And one costly result of that shortage is that patients often end up in the emergency room or the specialist's office, both



With the help of Brighton Medical Center and the town officials, Russ Remalia, D.O., was able to start a much needed rural general practice in Standish.

extremely expensive alternatives to the routine, preventive care provided by the general practitioner. By providing this primary care, the local general practitioner saves money for both patients and insurance companies.

While there is no single reason why medical students in recent years have opted for careers as specialists rather than as general practitioners, one significant factor is the high cost of medical education and of establishing an independent practice. It is not unusual for new doctors to be saddled with \$75,000 in medical school debt. And family practitioners typically earn less than a third the incomes of surgeons and other specialists.

As a large, rural state, Maine is severely affected by this dearth of

primary care providers. A few years ago, Roger Pelli—who received his medical training at Brighton Medical Center—gained national attention when he returned to Ashland to practice medicine and repay his debt to the community. Lacking a general practitioner, Ashland and five neighboring towns raised the money necessary to send Pelli to medical school. Today, he serves 3,000 people scattered over central Aroostook County.

This past spring, another unique partnership helped ensure that Standish would not be without a general practitioner in the center of town. Faced with the impending closing of one of the town's few medical offices, Brighton Medical Center and the Standish community

joined forces to provide Russ Remalia, a resident in the hospital's family practice program, with the assistance necessary to establish a practice.

While Brighton's involvement was meant to assure continued access to primary care for the residents of Standish, it was also designed to help control health care spending—for both patients and the hospital. By placing one of its own doctors in the community, Brighton was able to continue to offer its ser-

vices to the community. In addition, with a general practitioner in town, townspeople could avoid costly visits to specialists and emergency rooms unless absolutely necessary.

As Dr. Remalia notes: "In a rural area like this, I tend to see people who, if they lived in Portland, might otherwise see a specialist first. I also see patients who would have no choice but to head to Portland to the emergency room if our doors weren't open."

According to Rick Dambrie, director of guest and physician relations, over the past four years the hospital has provided assistance to nearly a dozen young doctors who either bring to the Portland area a new and needed specialty or who establish a practice in an underserved community.

While the hospital provided assistance to Dr. Remalia's young practice, the Town of Standish and the United Church of Christ of Standish have provided office space—rent-free for the first few years of his practice—in the old town hall. As Kitty Wing, a church member active in bringing Dr.

Remalia to Standish, notes: "A practice just doesn't come out of thin air. It takes a lot of time and support to get established."

Wing's efforts to help keep a doctor in the center of town have been rewarded in more ways than one. "My husband became desperately ill last fall," she recalls. "Before he died, he was at home, and Dr. Remalia would walk over here to treat him. It was terribly important. I'm behind him 100 percent. He's a wonderful guy."

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Lessons,

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tion committee. "When people are provided with information and an opportunity to talk about their condition, they tend to be less frightened by their illness. They also develop a sense of control and responsibility. They understand that they can do a great deal—through changes in lifestyle, diet, and exercise—to keep their condition from becoming more acute."

As Stanley puts it, "patient education is strong and effective preventive medicine." And because it encourages individuals to take greater responsibility for their illness and to bring to their doctor's attention changes in their condition before those changes become acute, patient education has also proved an effective means of controlling health care spending.

Since 1989, the committee that Stanley chairs has developed 15 different educational programs that cover a range of illnesses, everything from diabetes to congestive heart failure to cancer and the chemotherapy process. While each program contains detailed information about their illnesses, how that information is presented to the patient and his or her family depends on individual needs.

"All of our material is meant to be tailored to the individual," explains Carol Upton, a clinical nurse educator and member of the committee. "Usually, our education efforts are conducted by multi-disciplinary health professionals, such as nurses, physical therapists and nutritionists. The composition of a particular patient's team depends on the specific information that that patient—and his or her loved ones—need to know."

For instance, a nurse working with a male patient recovering from a heart attack would first assess the needs of the patient and his family. Such an assessment would help determine how much the patient already knows

about cardiac disease, how receptive he is to additional information, and what changes in lifestyle might be necessary. If the patient is obese or smokes, information about smoking cessation and weight loss might also be included—both during his hospital stay and in the comprehensive packet of material that he takes home with him.

Survival skills and more

While the committee's efforts have proved extremely successful—indeed because their efforts have been so well-received by patients and the hospital's health professionals—Stanley and Upton are eager to expand the hospital's patient education services. This past fall, Stanley, Upton and

Brighton dietician Kim Norbert offered the first of four 10-hour, out-patient classes on diabetes. The course allowed the three to provide diabetics with extensive information about their disease and how to manage it. It also provided an opportunity for participants and their families to discuss their fears and needs.

"Too often," notes Upton, "when someone is admitted to the hospital and newly diagnosed with an acute condition, all we have time to offer are survival skills: what to eat, how to administer medication, how to monitor the condition. We don't have a good opportunity to talk in detail about lifestyle changes, about stress on the family and other factors that can affect the patient's health."

Brighton's program, "Diabetes in Control," provided time for those discussions to occur, and based on feedback from class participants, it filled an important need. "We had people leave the last session with tears in their eyes," recalls Upton. "After being frightened and confused, they finally felt as though they had a handle on their condition, that they were in control."

Four Stars,

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ing more parking spaces at the hospital for patients and their guests. More recently, poor scores on the quality of television services convinced the hospital to replace aging sets and install cable.

Because the survey includes both small rural hospitals as well as such huge (and hugely respected) urban facilities as Cedars-Sinai Medical Center in Los Angeles and Albert Einstein Medical Center in Philadelphia, it also offers Brighton an effective method of comparing its services with those of hospitals across the country. According to Rick Dambrie, who administers the survey for the hospital, an added benefit of participating in the survey is that hospitals with high scores in a particular area are often willing to share their ideas for improvement. In fact, Dambrie frequently fields questions from other hospitals interested in Brighton's continuing success.

While the survey illustrates the hospital's deep commitment to the individual, it is only one part of Brighton's ongoing efforts to meet the needs of its patients. Dambrie notes that every new employee—from the medical to the housekeeping staff—goes through a comprehensive training program, the aim of which is to instill an appreciation for what it means to be a patient in a hospital. The administration has also installed in each room a popular guest hotline to address patients' concerns, and it has installed a suggestion box in the hospital's main lobby.

Dambrie, the director of the hospital's guest and physician relations department, says that Brighton's impressive scores on the Press, Ganey survey are in large part a reflection of the hospital's long tradition of concern for the individual. "We're a family hospital, a community hospital, and we've always tried very hard to ensure that people feel comfortable here."



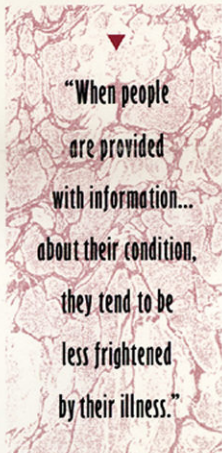
Brighton Medical Center Community Services

In addition to the special community services mentioned in this issue of the *Brighton Medical Center Quarterly*, Brighton Medical Center offers a number of innovative programs. Further information about these programs can be obtained by calling the following:

- Maine Physician Referral Service: 1-800-439-2111
- Lifeline® Personal Response System: 879-8515
- Optifast®: 774-7751
- Center for Health Promotion: 774-7751
- Prime Plus: 772-1972
- Kennebunk Walk-in Clinic: 985-6027
- Respite Care: 879-8400
- Diabetes: In Control: 879-8078
- A Diabetes Teaching Program

If you would like to lend your support to Brighton Medical Center and the many services it provides to the community, please consider making a contribution to the hospital to allow us to purchase new medical equipment and support ongoing patient programs. Please send your check to:

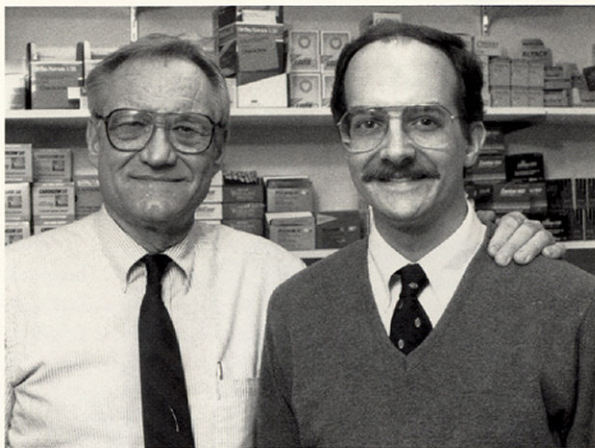
Brighton Medical Center, Development Office
335 Brighton Avenue
Portland, ME 04102



From Parent to Partner

As a child, Amy Wyatt remembers sitting impatiently in the Brighton Medical Center parking lot with her eleven brothers and sisters, waiting for her father, Dr. William Wyatt, to take them to the beach. Today, Amy Wyatt is still pulling into Brighton's parking lot on sunny mornings—not to drag her father to the beach, but to report for duty in the Emergency Room. A graduate of the University of New England's College of Osteopathic Medicine and of Brighton's family practice residency, Amy Wyatt has joined her father on the medical staff at the hospital.

The Wyatts are not the only family to provide two generations of doctors



Scott Chase, D.O., (right) joined his father, Manning Chase, D.O., in general practice in Scarborough, carrying the medical tradition to a second generation.

to the hospital staff. Last summer, after finishing his residency at Brighton, Scott Chase joined his father, Manning, in his family practice in Scarborough.

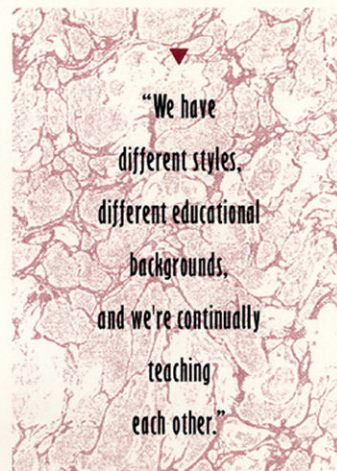
According to the two families, the career choice of the second generation has been the source of both considerable pride and occasional bewilderment. Amy Wyatt recalls that during

her residency, her patients would often ask if she knew the Dr. Wyatt. And she says that while having her father for an instructor was not difficult, it was sometimes strange. "Once training was over, and I was able to step out from under his big shadow, it became more enjoyable."

For the Chases, the effort to shift from a father and son relationship to that of professional colleague is ongoing. Scott is Manning's first partner, and as the elder Chase notes, "You sometimes hesitate to say things to a son that you would say to a business acquaintance. There's more at stake. But things are working out very well."

Manning Chase also notes that when two generations work together, they learn a great deal from each other. Because Scott trained at

Brighton, he was able to work part-time with his father while he completed his residency and gained valuable medical and business skills during the process. Today, Manning Chase says he's learning from his son. "I think



our patients are the big beneficiaries. We have different styles, different educational backgrounds, and we're continually teaching each other."



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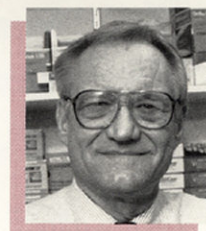
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"...when two generations work together, they learn a great deal from each other."
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**BRIGHTON
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