Fiscal year 2006 was a banner year for Beth Israel Deaconess Medical Center, marking our third consecutive showing of positive operating gains. We ended FY’06 with $39 million in operating income, a 16 percent increase from FY’05, which was driven by increases in patient volume. Our fundraising totals were impressive as well: this year, our development team raised more than $30 million, an increase of 254% since FY’02, when we raised $8 million. These achievements demonstrate the strength of support we enjoy from our staff, Board members, and donor community.

Today, we have so much to make us proud. We are growing at an exceptional pace; this growth has spurred our efforts to invest in the hospital. We are expanding our facilities and acquiring new technology to improve both the quality of our science and the patient experience. We are continuing to advance initiatives such as the patient navigator program and interpreter services—initiatives that bring our patients and their families that extra measure of comfort and care during a stressful time. Our patient satisfaction ratings are among the best in the country, and our clinical outcomes are often ranked the highest nationwide.

We are thrilled that world-class physicians and scientists continue choosing to come to BIDMC. They join a team of outstanding nurses, technologists, and staff and become part of a medical center that is nimble in its ability to respond to new trends and advances in medicine. Our collaborative culture makes it possible for our researchers to speed exciting advances in basic science into new treatments and better care for our patients.

Despite our many successes, this is not a time to rest on our laurels. We are striving to do even more to ensure that BIDMC is the best and safest place to be treated.

Sincerely,
Lois E. Silverman

A Letter from the Chair of the Board of Directors
Lois E. Silverman

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Despite our many successes, this is not a time to rest on our laurels. We are striving to do even more to ensure that BIDMC is the best and safest place to be treated. Over the past year, we have implemented a series of efforts to this end, such as the ‘Triggers’ program, electronic patient tracking in the emergency department, and an automated system that alerts doctors to test results.

At all levels, BIDMC is a place where people know they will be treated with compassion and respect, where medical and clinical excellence are second to none, and where collaboration leads to new breakthroughs and better care for our patients. I thank the entire BIDMC community and all of our friends and supporters for making our success possible, and for inspiring us to do even better in the year to come.

Sincerely,
Lois E. Silverman

Lois E. Silverman
A Letter from the President and CEO
Paul F. Levy

This annual report is a tribute to everyone at Beth Israel Deaconess Medical Center and all our friends in the community who strive to make the patient experience here safer and better. To achieve this goal, we are building on our foundations of compassionate care and technological proficiency and finding innovative ways to integrate the two. Because we believe that the key to the future of health care is building on these strengths in tandem, our 2006 giving report is entitled “High Tech, High Touch.”

The following pages offer a glimpse of some of the initiatives we offer at BIDMC. They illustrate how we are working together across disciplines to apply new ideas and technologies to improve patient safety and quality of care. I am particularly pleased to highlight our work on a one-of-a-kind computerized system designed entirely by our experts to measure and monitor medication given to chemotherapy patients. We continue, too, to expand the capabilities of PatientSite, a secure web portal that enables our patients to electronically view their medical records, communicate by email with their health care team, refill prescriptions, view test results, and schedule appointments. We also go to great lengths to ensure that our patients have access to the most qualified interpreters, patient navigators, social workers, and nurses, as well as compassionate support programs. We know that there is a softer side to exceptional care, and you will have a chance to read about some of the many ways we are helping patients and their families feel more comfortable and at ease at BIDMC.

I am proud to be part of this high-tech, high-touch effort and to work with the outstanding individuals who design and carry out these programs. I am also grateful to work with such dedicated community leaders who help make our exceptional care possible. As the stories in these pages unfold, I hope you will be just as proud of your commitment and involvement with our hospital.

Sincerely,

Paul F. Levy
What do football and patient safety have in common?

Nearly all nursing units at BIDMC now participate in “safety huddles” three or four times a day. Based on the safety concept known as situational awareness, the huddle brings all the nursing staff on a particular shift together for a brief update on every patient and provides a quick and effective way to give everyone a sense of what is happening overall on the unit.
With countless professionals trained in the principle “First do no harm,” you might think that the hospital would be one of the safest places to be. However, even the most skilled, knowledgeable, and well-intentioned clinicians have the potential to make mistakes. After all, they’re human. But, because medicine is one field where an error can result in significant injury to another person, finding ways to prevent mishaps is not just a good idea—it’s essential.

This realization has sparked a patient safety movement that has been progressively gaining steam since the release of an Institutes of Medicine (IOM) report in 2000 that showed that almost 100,000 people die from medical errors annually. As a Harvard teaching hospital, Beth Israel Deaconess Medical Center has played an integral role in this movement using a unique blend of intuitive, back-to-basics concepts and sophisticated, customized technology to protect the welfare of its patients. “Speaking broadly and put simply, we’re trying to be better at minimizing harm every year,” says Kenneth Sands, M.D., M.P.H., senior vice president of health care quality at BIDMC. “That’s our most important priority.”

Given that errors are an ingrained part of human behavior, trying to prevent mistakes in a field of high stress and increasing complexity is no mean feat. Interestingly, the landmark IOM report advocated a new line of attack—the system. The simple but somewhat radical idea is that the responsibility for patient safety should rest not on the shoulders of each individual clinician but on the work environment in which they deliver care. “The trick is to change the emphasis of the thought process to a system that is reliable but still has the ability to customize care for the individual patient,” says Sands, who has been working with BIDMC’s clinicians to integrate leading-edge safety practices hospital-wide since 1999. “Medicine has become such a complex enterprise, it’s really no longer rooted in the experience of the physician as the sole operator. It’s the physician as the member of the team.”

Any athlete can tell you that teamwork improves performance. But the U.S. military and the commercial aviation industry have long known that it can reduce errors too. By applying their proven team training concepts to the clinical environment, Beth Israel Deaconess’s Department of Obstetrics and Gynecology became the first recipient of the BlueCross BlueShield of Massachusetts Health Care Excellence Award in 2007 for “its groundbreaking approach to reducing medical errors.” Using techniques that encourage shared workloads and improve communication among staff, the department experienced a 35 percent reduction in “adverse events” among patients, including a 50 percent decline among patients at high risk, over a six-year period.

Make No Mistake

shooting for safety

In addition to measures like heart rate and blood pressure, Triggers, a safety program led by Michael Howell, M.D., (top, left with Patricia Folcarelli, R.M., Ph.D.) includes “marked nursing concern” as part of its standardized set of criteria to send a rapid response team to a patient’s bedside. A nurse’s gut instinct seems to be just as valid an indicator of patient distress as more quantitative measures.
As any coach can tell you, however, teamwork doesn’t always come naturally, and that holds true just as much for the hospital room as it does for the playing field. “It’s a huge change in the way you practice,” notes Benjamin Sachs, M.D., BIDMC’s chief of obstetrics and gynecology. “It’s like turning medicine on its head.” Even as entrenched medical hierarchies start to fade, nurses and other non-physician caregivers are asserting their professional independence, which ironically flies in the face of working collaboratively. “The value of autonomy is very strong in an academic medical center, but there’s a certain danger to it,” says Patricia Folcarelli, R.N., Ph.D., director of professional practice development at BIDMC, “and we’re trying to change the culture that the highest value needs to be ‘team,’ not autonomy, no matter where you fit in the organization. You want to foster autonomy and foster the learning environment, but ultimately you want to protect the patient.”

Spurred on by the success of team training in obstetrics, Sands and other physician and nursing leaders have been working to implement programs of a similar nature across the medical center, with marked progress in the emergency department, surgical units, inpatient floors, and critical care units. The more amorphous the environment, the more challenging it can be to create new systems around communication and integration. “Labor and delivery is a closed system, with a relatively small number of different providers,” remarks Sands. “Other places such as a general internal medicine ward are much more open like a shopping mall. So generating a team out of the providers who are in ‘the mall’ that day is harder. We’ve been in prolonged set-up mode, but we’re getting started on these areas, and I think other institutions aren’t even close to where we are now.”

One particularly illustrative example of the way BIDMC is tailoring safety systems to its own unique institutional needs is Triggers. Launched by a multidisciplinary team led by intensive care specialist Michael Howell, M.D., this program creates rapid response teams to quickly assess and treat potentially declining patients on the medical or surgical units. Prior to becoming unstable, patients will give off certain signals to warn their condition may be deteriorating. Early intervention can be key to saving their lives but interpreting these signs has been subjective and variable. How does the nurse know when to call the intern, or the intern the attending, and so on up the chain of command—particularly at 2:00 a.m.? Triggers creates a standardized set of criteria which empowers the nurse to summon the doctor, senior nurse, and respiratory therapist to the patient’s bedside. And regardless of the hour, the intern/resident is also required to call the attending doctor to inform him/her of the patient’s status. No equivocation. No fear of reprisal. Just improved lines of communication to ensure the most vulnerable patients get the care they need quickly.

“The value of autonomy is very strong in an academic medical center, but there’s a certain danger to it.”

“I’m proud that our staff is increasingly discussing patient safety,” says Kenneth Sands, M.D., M.P.H. “We are reaching the point where it is part of our institutional culture.”
Howell attributes the marked success of Triggers—which has achieved a more than 50 percent reduction in unexpected deaths outside the intensive care unit—not only to the cooperative and adaptable culture at BIDMC but also to its technological prowess. “In collaboration with IS, we’ve created what I think are probably some of the best review tools in the world,” he says, lauding BIDMC’s efforts over the last decade to incorporate technology into the natural workflow. “So we didn’t have to change how people viewed computers, and now we have this brand new window into patient safety that we don’t get from any other reporting system.” This data-rich environment has allowed Howell and his colleagues to continually tweak the program for improved efficacy and ease of use.

BIDMC is also applying technology to deal with some unintended consequences of Triggers’ success. With the decrease in cardiac arrests due to the program, some of BIDMC’s interns may make it through their first year of training without having done, or even seen, CPR. While a nice “problem” for a hospital to have, the situation warrants increasing reliance on simulator-based training to ensure that all interns, residents, and nurses get the experience they need. Luckily, the medical center has the Carl J. Shapiro Simulation and Skills Center, one of the most advanced of its kind in the nation. In fact, another project is exploring how to model “triggers” events in the simulation center so caregivers of all levels can learn to recognize worrisome patterns and respond appropriately.

With all this wonderful technology at BIDMC’s command, why not take the human factor out of the equation altogether to avoid errors? “Technology is almost never the solution,” notes John Halamka, M.D., BIDMC’s chief information officer. “It’s almost always a process problem. So what you do is figure out what the process should be, create a manual process, and then automate it. Whenever anyone says, put in a new software, that will make your life better, that’s almost never right.” While Halamka and his information technology team have helped design some of the most innovative safety systems from scratch, Halamka says that 85 percent of his job is about people. Sands and Folcarelli credit the commitment of outspoken leaders like Halamka and BIDMC President and CEO Paul Levy along with a workforce committed to quality and innovation on the ground for helping the medical center become a force in patient safety. “You can have all the best ideas in the world,” says Folcarelli, “but unless you can lead change, you can’t implement anything.” So while the source of errors may lie in human beings, the solution probably lies in them too.

How does the nurse know when to call the intern, or the intern the attending, and so on up the chain of command—particularly at 2:00 a.m.?

Better safe than sorry

Nurses are happier and less likely to leave an organization if a work environment supports their ability to deliver high-quality care. “This is probably the most exciting thing I’ve ever been involved with,” says Patricia Folcarelli, R.N., Ph.D., about instituting safety programs like Triggers, which empower nurses. “Because I remember that visceral feeling of being on a ward at night with somebody I knew was in trouble and not being able to get the help I needed. I never want one of my colleagues to have to experience that.”
A new O.R. specimen tracking initiative uses barcode scanners to ensure no samples get lost in the system.

Technology + Touch = Improved Patient Safety

O.R.orchestration
Planning and performing surgery is much like composing a symphony—all about exact timing, smooth transitions, precise follow-through, and knowing when to bring in each player and instrument. At Beth Israel Deaconess, clinicians and information technology experts have designed a suite of electronic improvements to orchestrate all the phases of the operating room process and ensure no detail affecting a patient’s safe passage through the system gets overlooked. “BIDMC has integrated a high-tech environment in the O.R. managed by high-performance teams,” says Mary Francis Cedorchuk, R.N., operating room nurse manager. “Through multidisciplinary teamwork, we have collaborated on projects that have taken patient safety to a new level.”

At the heart of the system is the O.R. “dashboard,” accessible from any computer with appropriate security measures, which displays patients’ progress from their time of arrival at BIDMC to their discharge from the recovery room. Other noteworthy features include online journaling, where operating room nurses can record real-time information about every patient, and a new specimen tracking component, which follows step-by-step any tissue samples from the time they are surgically obtained until they are processed in the pathology labs. Additionally, the white dry-erase boards typically used to monitor O.R. flow will soon become things of the past, replaced by plasma screens. Notes Cedorchuk, “Program developments such as these accentuate the importance of our patient-centric philosophy, which, combined with a talented, compassionate staff, add up to the ideal surgical experience for all our patients.”

Chemo by Computer
Chemotherapy is nerve-racking enough without having to worry that something might go wrong during the course of treatment. A new computerized cancer management system at BIDMC was designed to remove this source of anxiety from the equation, improving both patient safety and clinical efficiency.

Most patients receive chemotherapy on an outpatient basis, often in combination with a host of other medications, fluids, and supportive treatments. The brainchild of BIDMC’s oncologists and information technology experts, this innovative system allows caregivers to see a complete history of treatment—what was ordered, when it was given, and what happened—right in the patient’s online medical record. It also automates all dosing calculations, standardizes treatment regimens, and alerts doctors if an entry is made outside of the usual range to ensure that it was intentional. “This is a major milestone,” says Larry Markson, M.D., director of development, information systems at BIDMC, of the new electronic tool. “We’ve created a level of integration that you just don’t see anywhere else.”

Getting Results
With the onslaught of test results that physicians receive on a daily basis, how do you keep one from falling through the cracks? Beth Israel Deaconess has devised a sophisticated electronic system to track and manage all the radiology, pathology, cytology, and cardiology results circulating through its large primary care practice. Says BIDMC internist David Ives, M.D., “Online results notification dramatically improves my ability to follow up on every test and document the follow-up accurately. Instead of worrying that I have missed a report at the bottom of a pile on my desk, I can look at the queue of results waiting for resolution with certainty that all the tests I have ordered are waiting for my review.”

Beyond simply receiving the test result in a secure online “mailbox,” doctors are provided with quick and easy options to pass it along to another physician, put it on active hold until more information comes in, and even forward it to a patient with a personal note. It’s so quick and easy, in fact, that some clinicians have reported an increase in their communications with patients—even when there’s nothing wrong. “This is not just a nice little project to improve clinicians’ workflow,” says Kenneth Sands, M.D., M.P.H., senior vice president of health care quality. “What this allows us to do is know that every result has been seen and appropriately managed by a clinician, and that’s a key priority for patient safety.”
For someone who receives an email every minute or two, John Halamka, M.D., seems remarkably unperturbed. “I never get emotional,” he says. “I’m always even.” Indeed, everything about his wry, soft-spoken demeanor and his minimalist office belies the fact that he has a very hectic job. Or perhaps “jobs” would be more accurate. With a background in both software development and emergency medicine, Halamka has been chief information officer of Beth Israel Deaconess Medical Center for more than a decade. But as of 2001, he also became the CIO of Harvard Medical School and subsequently took on responsibilities for health care data both statewide for all the payer, provider, and government stakeholders in Massachusetts and nationally for Secretary Mike Leavitt of the U.S. Department of Health and Human Services. “I keep taking on new jobs but somehow don’t give up the old ones,” he quips. And because Halamka is known for his accessibility to the some 40,000 people who use his systems, the emails just keep on coming.

For Halamka an inundated inbox is a small price to pay to be an influential part of ushering an archaic health care system into the information technology age. A leader in the growing contingent of physician–techies, he has dedicated himself to not only applying IT to traditionally paper-based administrative processes such as drug-ordering or record-keeping but also pioneering how technology is used in the health care environment to improve patient safety and quality of care. Halamka has found BIDMC to be the perfect petri dish for his imaginative ideas. “We’ve got a good culture here,” he notes, “so we don’t see a lot of resistance to change. People are willing to tolerate ambiguity and new technologies.” As a result, he’s had a lot of success—from designing some of the earliest web-based medical records when he first came to the medical center to the more recent implementation of a one-of-a-kind electronic scheduling system for the operating room.

Because of his achievements, many consider Halamka to be one of the most influential figures in information technology today. He says while his medical degree gives him credibility institution-wide, it’s the work that he has accomplished at BIDMC that gives him credibility everywhere else. “One hundred percent of my authority in the IT world across the planet comes from this place,” he states.

Though something of a maverick, Halamka’s standing in the field has lent credence to his testing some pretty radical concepts looming on the IT horizon, including implanting into his arm a radio-frequency identification chip linked to his medical records and posting his entire genome in the public domain through the National Institutes of Health. “Unless somebody does it,” he says, “society won’t understand what the legal, ethical, and medical implications are and how we are going to deal with them.”

In the health care technology world, each new day brings new implications to understand and deal with. Luckily, this is what makes Halamka tick. “The challenge of being CIO at BIDMC is not that we aren’t on the cutting edge but that expectations are so high,” he muses. “We are doing things that aren’t even on the radar screens at other hospitals so it’s great to have completely impatient doctors wanting more and more. It’s a blessing and a curse.” Although as he calmly contemplates his upcoming projects and sings the praises of his talented staff, he seems far from cursed but just about as contented as a man who gets only fours hours of sleep a night can be. “I’m an eternal optimist. I do believe the nice guy can finish first. I do believe that ultimately good will triumph,” says Halamka. “It may be absolutely naïve but so far it’s been OK.” Even if his inbox never does stay empty.
Lois Silverman is on a personal mission to make her hospital a safer place. Since assuming her post as chair of the Board of Directors at Beth Israel Deaconess in 2005, she has brought the issue of patient safety to the forefront of her priorities and asserts that it is an area where BIDMC has the potential to make a powerful mark on the health care field. “Every academic hospital in Boston is a good hospital,” Silverman says, “but what differentiates us from the rest—and has always differentiated us—is our quality of care. We’re good at this and getting even better. I thought it was time to put the focus back where it belonged.”

Silverman comes at the patient safety arena with unique perspective. Not only is she a savvy businesswoman having built a $100 million company (Comprehensive Rehabilitation Associates) from the ground up, she also began her career as a clinician, graduating from the nursing school at Beth Israel Hospital in 1961. “There are so many aspects of safety that the lay person may not even be aware of,” says Silverman, “but which are so important to ensuring a patient gets the best possible care.” She believes that attention to these behind-the-scenes details is what makes the difference between a good hospital and a great hospital. And, according to Silverman, BIDMC is destined for greatness.

To ensure that the medical center fulfills its destiny, Silverman and her late husband, Norman, gave a $3 million gift to name the Silverman Institute for Health Care Quality and Safety in FY’06. The institute was designed to create a coordinated hub for BIDMC’s quality and safety activities, accelerating innovation and facilitating implementation across the medical center. Silverman hopes that the gift will complement her own efforts and those of BIDMC President and CEO Paul Levy and other administrative leaders to give the issue of patient safety more visibility across the institution and in the community.

Although Silverman acknowledges that establishing a culture of safety is no simple task, requiring fundamental changes in systems and mindsets, she is proud of what BIDMC has accomplished to date. “The entire staff, the attendants, the nurses, the physicians—everyone is now focused on quality and safety,” she says, “and because of that buy-in, we have seen remarkable trends in outcomes. This focus throughout the institution has made every one of us responsible for a piece of it. The hospital is one group working together for the same goal.”

The Silverman Institute recognizes that part of making a hospital a safer place is emphasizing educational opportunities like simulation-based training (left) and continuing education fellowships, which immerse staff in the tenets of quality.
“In the last 15 years, technology has moved from the equivalent of the modern toaster to the stuff of science fiction. How could we not take advantage of that to help our patients?”
How can anonymity ensure that you’re treated like a star?

Taking a page out of the playbook of banks and retail stores, BIDMC has started a program of “mystery shopping,” which engages anonymous reviewers to critique the customer service of its front-line staff. The program has brought about vast improvements in how patients are treated. Since the secret shoppers were put in place, customer service and registration skills have jumped from 2.8 to 4.9, on a 1-to-5 scale.
Ja net P anciocco loves her visits to Beth Israel Deaconess Medical Center. It’s not that she enjoys wearing a hospital gown or undergoing clinical examinations per se, but she does appreciate the treatment she receives when she’s here. “When I call for an appointment, the schedulers fit me in right away,” says Panciocco, whose relationship with BIDMC dates back to 1985. “The hospital is immaculate, the doctors and nurses are tender and respectful, the receptionists are friendly and efficient, and they all make sure I’m comfortable and cared for.”

You may be inclined to think that Panciocco’s hospital experience is atypical. After all, newspapers abound with stories about long waits, hurried doctors, and unfriendly staff. But BIDMC is striving to make hers the type of experience all patients have every day—from when they first request an appointment up to the last day of their follow-up care.

Revolutionizing the patient experience is no easy task—something Mark L. Zeidel, M.D., chair of the Department of Medicine at BIDMC, knows firsthand. Zeidel came to BIDMC in July 2005 after dramatically improving the level of care at the University of Pittsburgh Medical Center. His former employer is now the only hospital in the country where patients can get an appointment to see their doctor the next day. Zeidel became determined to do it all over again, making BIDMC the second hospital in the nation to offer next-day appointments. Again, he is well on his way to success.

“BIDMC has always been great at providing friendly service and excellent clinical care, but that’s not good enough on its own,” says Zeidel. He cites data that shows that patients give high marks to the quality of the time spent with their physicians if appropriate infrastructure is in place to support the doctor. “Our doctors shouldn’t have to spend time apologizing for sub par service; they should be able to spend all their time focusing on their patient’s medical problems,” he says.

Zeidel began his mission by creating a culture of quality within the Department of Medicine. In addition to emailing a weekly newsletter to the department to highlight successes and recognize staff for their innovations in care, he hired a quality improvement officer for each division and a quality chief to coordinate efforts across the entire department. Zeidel also holds monthly meetings to discuss challenges and opportunities for improvement. “The thing about this place is that we have a wonderful, responsive administration and staff that want us to move forward,” says Zeidel. “That’s the power here—we’re small and nimble enough to get things done once we decide to do them.”

taking health in hand

Patients want to play an increasingly active role in their medical care. A health care industry first, PatientSite is a free, password-protected, Internet-based tool that enables them to do just that. While it’s not intended to replace office visits, it gives BIDMC patients direct, secure access to their doctors and allows them to request appointments, arrange referrals, renew prescriptions, and review their medical records—without ever having to pick up the phone. For more information, visit www.patientsite.org.
Zeidel seized on this positive momentum to replicate an initiative in Boston that succeeded in Pittsburgh: mystery shopping. Led by Zeidel and Jayne Sheehan, senior vice president of ambulatory and emergency services, (pictured on p.24) the program involves having an anonymous team of people, or "shoppers," call or visit the hospital to report on the kind of service they receive. This approach aims to quantitatively measure the quality of phone service and appointment availability in every division within the Department of Medicine. Shoppers have an objective scorecard to rate their experience and a space for narration to help explain their story. They assess whether staff are friendly, helpful, and courteous when they pick up the phone and whether they have the appropriate level of scheduling skills needed to perform their job in a professional and efficient manner. "These evaluations paint a great picture of how we're doing," says Sheehan.

The surveys also enable managers and directors to identify front-line staff who need to improve their skills. On-the-spot education and training is provided to individuals to enhance performance and ensure that staff realize they are an important part of the healing process.

It quickly became clear that the mystery shopping strategy was doing its job. "When we first began to measure customer service on the phone in September 2005, our divisions received an average score of three out of five," says Sheehan. "Today we are a 4.8 out of five." These survey results also underscored a need to improve appointment wait times. BIDMC has since hired more doctors and support staff and created more exam rooms. Today, nearly every medicine division can see patients reliably within three to four days.

Though patients like Panciocco are seeing the benefits, Zeidel and Sheehan are just getting started. They are now focusing on improving the experience in waiting rooms, ensuring that the registration and check-in process runs smoothly. Once service has improved in this area—and all services are consistently meeting a score of 5—they will focus on follow-up care. "I want to get to the point where our front-desk staff can say, 'I would be happy to schedule your follow-up appointment right here, right now,'" says Zeidel.
These days, thousands of BIDMC patients can even schedule their own appointments from their home computer through PatientSite. A novel high-tech system, PatientSite is a secure web portal that allows patients to view their medical records and test results, communicate by email with their health care providers, request referrals and appointments, and refill prescriptions. “This online system has been a powerful part of transforming the patient experience,” says Daniel Z. Sands, M.D., M.P.H., a BIDMC internist and senior medical informatics director at Cisco Systems, who had an instrumental role in bringing PatientSite to life in 2000. “Most hospitals forget that the patient is the customer,” says Sands. “We are making our services more convenient and accessible for patients and providing them with the features they expect from other businesses.”

BIDMC was among the first hospitals to enable patients to access their medical records online, and today, nearly 40,000 BIDMC patients use this site, as do approximately 250 of their health care providers. Reactions to the system have been overwhelmingly positive. “I love being able to read my lab results, X-rays, and scans online,” says Dave deBronkart, one of Sands’s patients and a PatientSite user. “Sometimes I share them with trusted family members to get their thoughts — something I could never do when the reports were all in a folder in the doctor’s office. My family and I are much more in the know now, and we like it that way.” Adds Sands, “One patient even told me that PatientSite was the next best thing to a house call!”

Between mystery shopping surveys and the use of personal computers to enhance the patient experience, BIDMC is raising the bar for other medical centers and guaranteeing better care for everyone. “We will prod everyone in the city to improve the quality of their care just by what we’re doing here,” says Zeidel, “and they will be able to learn from our experience.” Zeidel’s push for perfection comes down to one thing. “What it’s all really about,” he says, “is providing the kind of care for our patients that each of us would want for our family members.”

All of these initiatives have made Panciocco a very happy patient. “I know I’m in good hands here,” she says. “I’d never want to be treated at any other hospital.”
Social worker Lissa Kapust is videotaping ALS patients to document their hopes and fears for posterity.

**Technology + Touch = Improved Patient Experience**

**Computer Comforts**

Few experiences are more isolating than being a bone marrow transplant patient. The recovery process is marked by confinement to a hospital room for anywhere from three weeks to months. Children under six are not allowed to visit, and patients are not permitted to even walk up and down the halls. At BIDMC, however, patients can expect to feel a little bit more connected during their stay thanks to A Touch of Comfort, a program established years ago by a patient and carried on by his mother, Sheila Pite, after he passed away.

“This wonderful program provides transplant patients with some of the comforts of home so that they don’t feel so isolated,” says Christine Garabedian, R.N., nurse manager of the Bone Marrow Transplant Unit, who oversees the initiative. In addition to books, movies, and calling cards, Pite has donated 12 laptops to the unit over the years. Recently, an additional seven laptops were contributed by other generous donors, enabling every bone marrow transplant patient at BIDMC high-tech access to the outside world.

“The unit now has wireless Internet connections, and patients are going online to connect with friends and family,” says Garabedian. “They create their own web pages, use webcams, post journal entries, and write on message boards. Some even pay bills and do their taxes from their room. It helps them feel like they’re still contributing to the welfare of their families. It helps them stay in touch.”

**Getting Patients into the Game**

If it works for team sports, why not for health care? BIDMC is conducting a study using “e-coaches” to improve the doctor–patient relationship. The study, funded by a grant from the Robert Wood Johnson Foundation, is using the PatientSite-secured portal to determine whether patients with chronic pain, depression, and mobility difficulties benefit more from their medical appointments if they are coached online by nurses prior to their visit.

“We are exploring the use of technology to empower patients to take a greater role in managing their condition, and we are enhancing their partnerships with their doctors,” says Suzanne Leveille, R.N., Ph.D., who has the lead role in analyzing the research results. “This web-based study encourages patients to think about what they want to accomplish during their upcoming visit with their doctors. If patients are prepared, they can communicate better with their doctors and be more satisfied with their visits.”

So far, the results are promising. Leveille’s team has found that people are willing to respond online and are receptive to having an e-coach, an approach that could be adapted to people with other conditions. This kind of initiative is characteristic of BIDMC, says Leveille. “I don’t know of any other trials where the recruitment, intervention, and patient surveys all were conducted entirely through the secured portal,” she notes. “We have very experienced doctors and nurses who are always thinking of how they can do better for the patient.”

**What Dreams May Come**

Social worker Lissa Kapust is trained to understand the value of helping ill patients openly express themselves. With a video camera rolling, she works with them to record their hopes, dreams, fears, and dying wishes in a memorial tape, or living legacy. It’s all part of a poignant new Living Legacy program offered to BIDMC’s ALS patients through the Department of Social Work. Established through the generous support of Elizabeth Lane, the project ensures that patients have a chance to speak to their family and friends long after the disease robs them of this function. “This program is in its infancy now, but it is going to make a big impact on how our patients are remembered,” says Lissa Kapust, L.I.C.S.W., senior social work supervisor in the Behavioral Neurology Unit.

Amyotrophic lateral sclerosis, or ALS, is a neurodegenerative disorder that causes progressive loss of muscle function, including the ability to speak. “Nobody knows the cause of the disease and there is no effective treatment, but it’s a dramatic disease and often a race against the clock,” she says. “I’ve met the most inspirational people who have ALS, and this fund will ensure that all of them have the opportunity to create a personal memory for their loved ones.” The one-hour videos may also serve as an educational tool to inform the public about this devastating disease.
This inner strength is also something Gonzalez has had to draw upon in his personal life. A native of Puerto Rico, he has ten brothers and sisters, several of whom are coping with cancer back home. The skill and savvy he has developed as a patient navigator helps him guide his siblings through their care. It has also strengthened his resolve to do even more for the patients he sees at BIDMC.

BIDMC was one of the first hospitals in the country to adopt the patient navigator program thanks to a grant received in 2001. Additional support from the Boston Foundation and individual donors is what has kept this invaluable but often underfunded venture going. Although available to anyone who needs assistance, navigators are particularly focused on helping patients of color and those from diverse backgrounds negotiate an intricate medical environment that can be frighteningly unfamiliar.

On the job now for more than a year, Gonzalez provides support that often involves making possible things that are seemingly impossible. “This is a very complex job; once I solve one problem, it can lead to other barriers,” he says earnestly. “Picking up medication can lead to health care insurance issues, which can lead to immigration issues. It’s my responsibility to ensure that patients get to their appointments, but I always want to go the extra mile. I like to be a caregiver.”

Gonzalez hasn’t just gone the extra mile—he has practically parted waters for his patients. He has secured food, housing, and clothing for some, and helped others with the intricacies of social security applications and the immigration status process. He has even found himself riding the T at 6 a.m. to be by a patient’s side before they undergo surgery.

“Sometimes, I’m the only family a patient feels they have, and if they ask me to be there for them, then I go,” says Gonzalez. “I see people through their pain. I need to be flexible and available at all times. The satisfaction I get from helping people is very rewarding.”
More often than not a high-quality patient experience is a family affair. Most health problems involve not only the patients but every person close to them as well. The importance of family, both in health care and philanthropy, was something not lost on Miriam and Sidney Stoneman. This concept was the mainstay of their relationship with Beth Israel Deaconess Medical Center and inspired the formation of the Stoneman Family Foundation. “My mother and father were extremely proud of the work of BIDMC and felt a strong loyalty to this organization,” says Elizabeth Stoneman Deknatel, the Stonemans’ daughter and a Foundation director.

The Stonemans’ attachment to Beth Israel Deaconess was passed down to them from Sidney’s parents and continued through their lifetimes. In 1957, they established the Stoneman Family Foundation as a vehicle to encourage the generosity of future generations. The foundation’s giving has been rooted in the family’s tradition and values, and its contributions to BIDMC over the decades have been no exception, primarily supporting initiatives that address—not surprisingly—the needs of patients and their families.

In FY’06 the Stoneman Family Foundation continued this legacy with the medical center, providing a $400,000 gift to fund four unique initiatives that are designed to enhance the overall patient experience. Given in honor of Miriam Stoneman, the donation will support two new safety projects within the Stoneman Center for Quality Improvement. The gift will also be used to promote the growth of key programs in Interpreter Services and provide housing for out-of-town families of patients requiring extended stays. “Mother had a lifelong interest in science and a desire to improve all aspects of medical care,” says Deknatel. “We granted this gift with the complete confidence that we are honoring her memory.”

The funding has already made an impact on the community which it was meant to serve. The foundation’s gift to the Stoneman Center has allowed staff to launch new quality improvement initiatives, including the Triggers rapid response program and divisional dashboards that focus on measuring quality, safety, and efficiency of care. Interpreter Services has been able to provide additional trained staff for BIDMC’s Spanish and Cape Verdean/Portuguese–speaking patients. In addition, 25 families have received accommodations in the Galleria Apartments while their loved ones are receiving treatment for cancer and organ transplants.

Deknatel says, “My parents would be proud of their children and grandchildren who have continued the tradition of helping families in need. It was with great pleasure that we made this contribution.”

Thanks to the Stoneman gift, trained interpreters (left) are available 24/7 by phone and in person on the inpatient units and in the emergency department for BIDMC’s Spanish and Cape Verdean/Portuguese–speaking population.