



City of Cambridge

79.

IN CITY COUNCIL

February 2, 1998

COUNCILLOR DAVIS
COUNCILLOR BORN
MAYOR DUEHAY
VICE MAYOR GALLUCCIO
COUNCILLOR REEVES
COUNCILLOR RUSSELL
COUNCILLOR SULLIVAN
COUNCILLOR TRIANTAFILLOU

WHEREAS: **Elvira Q. Johnson, MS, RD, CDE**, Director of Clinical Nutrition at the Cambridge Public Health Commission received the American Dietetic Association Foundation Award for Excellence in the Practice of Clinical Nutrition on October 29, 1997; and

WHEREAS: Elvira has been instrumental in developing, coordinating and contributing to the advancement of clinical nutrition through her leadership and vision in the application of clinical care; and

WHEREAS: Elvira's attention to cost effective quality care has earned her the Distinguished Dietitian of the Year, Employee of the Month and Employee of the Year awards and she has been instrumental in the publication of a document entitled "Nutrition Service Improves Health and Saves Money: Evidence of Massachusetts.; now therefore be it

RESOLVED: That the City Council go on record extending its congratulations to **Elvira Q. Johnson, MS, RD, CDE**, on being the recipient of the American Dietetic Association Foundation Award; and be it further

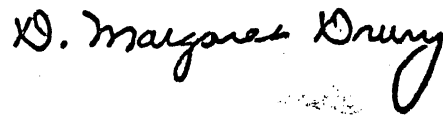
RESOLVED: That the City Clerk be and hereby is requested to forward a suitably engrossed copy of this resolution to **Elvira Q. Johnson** on behalf of the entire City Council.

In City Council February 2, 1998.

Adopted by the affirmative vote of nine members.

Attest:- D. Margaret Drury, City Clerk.

A true copy;

A handwritten signature in cursive script that reads "D. Margaret Drury". The signature is written in dark ink and is positioned to the right of the text "A true copy;".

ATTEST:-

D. Margaret Drury
City Clerk



City of Cambridge

79.

IN CITY COUNCIL

January 26, 1998

COUNCILLOR DAVIS

WHEREAS: **Elvira Q. Johnson, MS, RD, CDE**, Director of Clinical Nutrition at the Cambridge Public Health Commission received the American Dietetic Association Foundation Award for Excellence in the Practice of Clinical Nutrition on October 29, 1997; and

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REFERRED TO CITY COUNCIL MEETING OF 2/2/98 ON
MOTION OF COUNCILLOR SULLIVAN.

H Davis

79.

Whereas:

ELVIRA Q JOHNSON, MS, RD, CDE, Director of Clinical Nutrition at The Cambridge Public Health Commission ~~has~~ ~~will~~ received the American Dietetic Association Foundation Award for Excellence in the Practice of Clinical Nutrition on October 29, 1997; and

Whereas:

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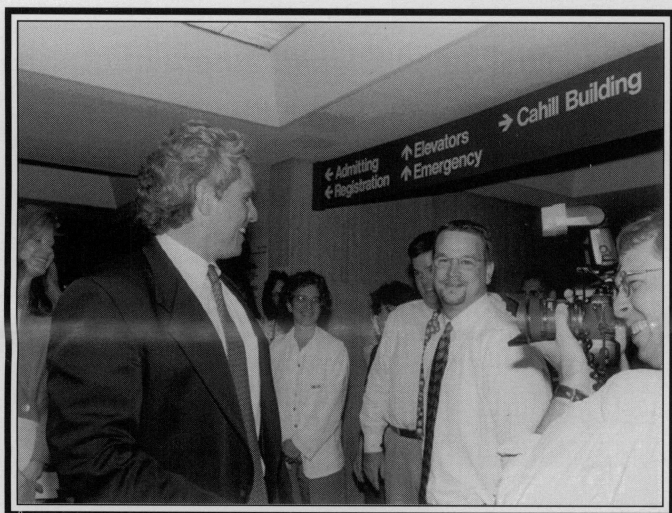
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Heal it & save money : Evidence of mass.;
now therefore be it ~~Resolved~~
Resolved

That the CC go on record extending
its Congratulations to ELVIRA Q Johnson,
MS, RD, CDE on being the recipient of the
American Dietetic Association Foundation
Award; and be it further

Resolved

SEC.



U.S. Representative Joseph Kennedy recently visited The Cambridge Hospital to announce that he will file legislation in Congress to earmark half the proceeds from the national tobacco settlement for health insurance for uninsured working adults and their children.

Another Day, Another Reorg

By Lee Swislow, Chief Operating/Nursing Officer

Anyone who has read Dilbert cartoons can't help but be a little cynical about reorganization. Every organization is doing it, often for no apparent reason. Yet despite being an avid Dilbert reader, I am still excited about the most recent reorganization of the Cambridge Public Health Commission. I believe our new structure will help us better achieve our mission of serving our community.

There were two major reasons for looking at our organizational structure—integration and improvement.

INTEGRATION

During the last year, we continued to run the Cambridge and Somerville Hospitals with their existing organizational structures, trying to build in extra meetings and contact between the management teams. This plan provided several important benefits, particularly continuity and a chance to work together and get to know each other.

However, over the course of the year, it became all too clear that it was also confusing, inefficient, complicated, and unstable. I heard from many people that we needed a simple, integrated management structure to oversee the operations of the whole system.

See "Reorg" on Page 8

The Cambridge Public Health Commission Signs Unique Agreement with Partners and CareGroup!

By Scott Davis, Director of Public Relations

The Cambridge Public Health Commission has signed separate affiliation agreements with Partners HealthCare and CareGroup, culminating several months of negotiations. As a result, the Commission's primary care physicians will affiliate with either CareGroup or with Partners, through Partner's primary care network, Partners Community HealthCare, Inc., allowing them to delegate managed care contracting authority to one of these two systems. In addition, the Commission will maintain the ability to build upon existing clinical practices and academic linkages. The Commission expects that managed care contracting through CareGroup and Partners will be achieved with minimal disruption to patients and the relationship with their doctors in the Cambridge and Somerville communities.

"These are clearly unique arrangements," declared John G. O'Brien, CEO of the Commission. "Physicians in our Harvard-affiliated systems can continue to work together to advance our community health mission in both Cambridge and Somerville. At the same time, by entering into these separate managed care contracting arrangements, we will better position the Cambridge Public Health Commission in this highly competitive healthcare environment."

See "Affiliation" on Page 8

"THE BEAT" is a publication for the employees of the Cambridge Public Health Commission and is produced by the Department of Public Relations. We welcome any feedback and/or story ideas that you may have. Deadlines for article submissions are the first week of the month for inclusion in the following month's issue. Please send any comments, suggestions and/or ideas to:

Scott Davis, Director of Public Relations

INTEGRATION NEWS

By Margaret Chittum, Director of Medical Records

The process of integrating the Medical Records Departments in Somerville and Cambridge began before the actual merger took place. What many people forget is that it also involved the absorption of the former Heritage Hospital Medical Records Department as part of the process, as we took over responsibility for maintaining those records as required by state law.

One of the biggest challenges facing the Somerville Hospital Medical Records Department was preparing to switch to Meditech, a new information system. The Cambridge Hospital Medical Records staff members were able to play a key role in this area. By going to the department in Somerville and meeting and working with their counterparts, Cambridge staff sped up the learning process, since they were able to answer the everyday "nitty-gritty" operational questions, and were able to demonstrate how to handle real medical record situations. In turn, Somerville personnel were able to show Cambridge staffers the potential benefits in automating more Medical Record functions than were currently being used.

Just knowing the names and faces of people working in the "other" department made picking up a phone and calling to ask for help that much easier, and definitely made the transition smoother.

Another key process has been the active collaboration in the coding area. With one full-time coder position on the Cambridge campus, there has been a backlog of coding. This affects that Hospital's bottom line, as codes describing a patient's medical conditions and procedures per-

formed during a hospital stay or visit must be entered into the system before a bill can be sent out. The coder must, therefore, first read the patient's record and then assign all the codes which apply in the correct order. Somerville coders have been able to assist in this area by coding both Emergency Department and Surgical Day Care records routed to them by Cambridge staff.

Collaboration has also been active and ongoing in the area of release of information. Many requests come in which require cooperation and coordination among the campuses and outpatient clinics. The smooth running of this function is a credit not only to the Medical Records staff at both campuses, but also to the many employees in the various outpatient clinics and departments who take time to respond promptly to the many requests for record copies, often within very tight deadlines.

The delinquent record problem, which resulted in a Type 1 deficiency during last year's Cambridge Hospital JCAHO survey, has been tackled by Medical Records staff on both campuses. Sending out reminder letters, making phone calls, delivering records to various medical staff offices, and shuttling the occasional record between campuses to get it completed have all been part of the process. Since our information is generated and collected on the Meditech system, this is truly an integrated effort.

There are still many areas for future integration to take place. As the opportunities arise, we will take advantage of what we have learned so far: that meeting and working with one's counterparts on projects with a common goal can be the best way to unite a department.



Here, "Florence Nightingale" addresses the class of 1997.

The Somerville Hospital School of Nursing graduated its final class this past spring. The 104-year-old institution was originally created to prepare women to work at the just completed Somerville Hospital, which was founded two years prior to that in 1891. But with the emphasis on nurses completing four-year baccalaureate programs, the demand for nursing graduates from diploma programs has decreased in recent years, resulting in the decision to close the school.

CEO'S UPDATE

By John G. O'Brien,
Chief Executive Officer

As integration of Somerville and Cambridge services and programs accelerates, people at both hospitals are noticing similarities and differences between the two Network campuses. Something happened recently that made me feel very encouraged about our ability to merge not just services but also spirit. Employees at both campuses were asked by a new "cultural integration team" to write their thoughts about the following questions:

- What is absolutely special about this hospital?
- What is it about us that makes you feel proud?
- When you imagine the many changes the hospital may face, what feels essential to hang onto, because it's what makes us us?

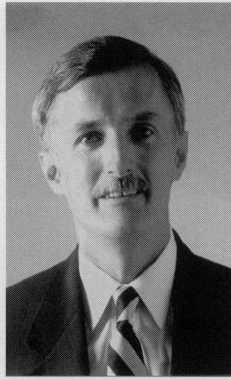
As I read through the comments given to me by the team, I was heartened to realize that employees from both campuses were expressing identical feelings about several core issues. To my delight, I couldn't tell which comments were written at which hospital. Three themes stood out to me:

1.) Deep commitment to our patients: Comments from both campuses included:

- the individual attention we give to each and every patient
- we take care of patients and families with dedication and empathy
- caring for anybody who needs care
- always trying to service the community; programs here reflect the needs of the area
- working with our patients, who are wonderfully diverse
- our service to the community
- patients are a #1 priority—no one is turned away

2.) "Family:" In answering the question, "What's really special about this hospital?" many SH and TCH employees wrote comments like:

- family atmosphere
- friendly people
- the staff
- the great friends I've made
- great people!
- we're like a family
- you can always talk with somebody about your problems
- the feeling of being family; part of a team
- staff here really care about each other and are willing to help each other out when the need arises; there's a family feeling

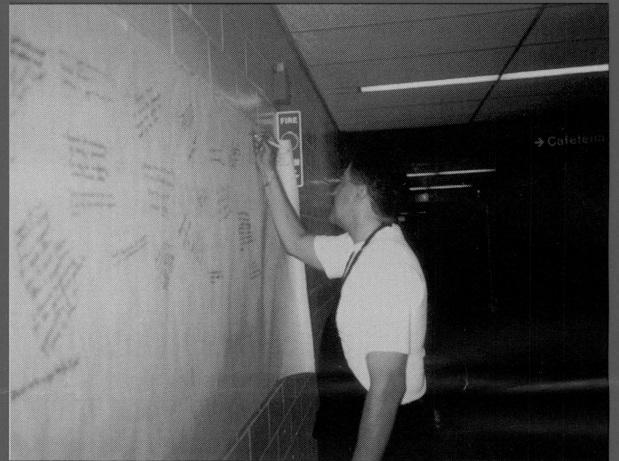


3.) Work environments that value teamwork and promote respect:

- respect for diversity of staff and patients
- being appreciated for the work I do by the medical and support staff
- great opportunities for employees to grow as professionals and individuals
- respect for all patients and staff
- genuine support for each other
- a shared responsibility for the care of our patients
- working with a multicultural staff
- respect for co-workers who work as a team to give the best quality patient care

Although the two hospitals have distinct differences and traditions that have developed over many years, it's clear that our core values are in harmony. I urge all of us to honor the past and to respect the differences among us as we move forward, and also to notice and appreciate the key values we share.

I'd like to thank the cultural integration team for gathering the thoughts of their co-workers and for focusing attention on the challenging work of integration. Your reactions and suggestions about integration issues can be directed to the team through Linda Borodkin in the Department of Organizational Development, 666-4400, x327. I also am always interested in your observations and can be reached at 498-1001.



An employee at The Cambridge Hospital takes part in a recent integration effort. Staff members at both Somerville and Cambridge were asked to write down comments regarding their feelings about their respective institutions and the Commission as a whole.

Carl Zack - A Tribute

It was one of those moments that may have meant nothing at the time but, ten years later, is still clearly etched in your mind. Actually, it would be the first of many.

The boss was taking his new employee on a tour of Somerville Hospital on the worker's first day on the job. As they were waiting for the South Building elevator to take them back to the seventh floor, the boss suddenly broke an awkward silence.

"You know, I once worked in an orange juice factory," he declared.

"Oh, that must have been interesting," responded the employee both nervously and innocently.

"But I wasn't there that long," continued the administrator. "I had to leave."

At the risk of seeming too inquisitive, the employee asked, "How come?"

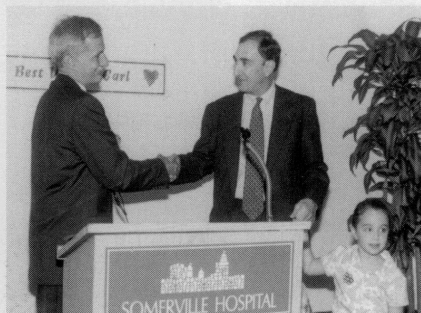
There was the opening he was waiting for.

"Well," he responded, trying to hide a smile, "I just couldn't concentrate."

Meet Carl Zack.

If those of us at either Somerville Hospital or The Cambridge Hospital were surveyed, most would probably recall experiencing this or a similar introduction to Carl. His abundant sense of humor, however, often overshadowed an even stronger sense of what was right, what was wrong, and what needed to be done to make the wrong right.

On June 20, Carl Zack announced he was stepping down as President of Somerville Hospital. He emphasized that he didn't have to leave, but simply felt that it was time to do other things. But, unlike his so-called career in orange juice, this departure had nothing to do with any lack of "concentration."

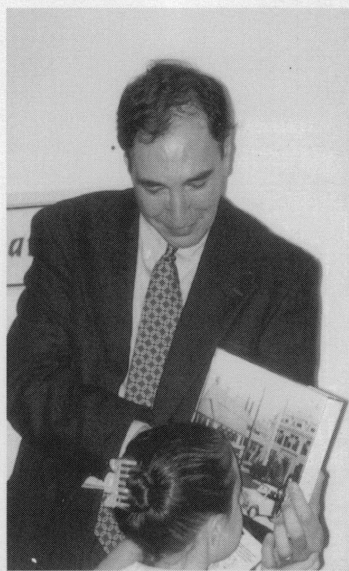


Quite the contrary.

When he became the Hospital President in November of 1994, the Trustees, in effect, gave him one goal... to save the hospital so that it could continue to provide needed health services to the people of Somerville as it had for more than 100 years.

By successfully guiding last year's merger of Somerville Hospital with The Cambridge Hospital, he has done just that.

With this enormous challenge successfully completed, he says he's now looking forward to pursuing others. But for those of us whose lives he touched, finding another Carl Zack would be like looking for two identical snowflakes. He's, indeed, one of a kind.



If a man (or a woman) stepped out of a manhole cover and asked you to describe Carl Zack, where would you begin? For one thing, even after 24 years, Carl still had that special ability to lighten up a room -- or even the duller of meetings -- with his presence. He elevated humor almost to an organizational strategic priority. But there was so much more to him than someone with whom you could always share a laugh.

He was our superior in job title without ever making us feel he was superior... or us inferior. He would also be self-effacing without allowing others to ever lose face. He was a



friend. He was family. He was us.

It was especially fitting that Carl was honored last year by the HomeFirst Charitable Corporation in Somerville because he always put the needs of the hospital and the community first above his own professional ambitions.

But if there was one thing that gave him even greater pride than the hospital family and the community, it was his own family -- his wife Andrea, whom he met when the Hospital's respite care program was being created, and daughters Emma, 5, and Hannah, 1. Carl says he's now looking forward to this opportunity, however short, to spend more time with them. As he often quipped, "No one ever said on their death bed, 'You know, I wish I had spent more time in the office.'"

At the June 20 management meeting announcing his departure, Carl Zack wrote these words on the board: The only constant in health care today is change.

Things are changing for all of us. They will be different for Carl Zack, as well. And even though we won't be seeing his loping stride coming down the hall, his contribution to Somerville Hospital and the City of Somerville will continue to be seen and felt everywhere for years to come. Indeed, he has made Somerville Hospital a better place and the community a healthier one.

Who knows? If he ever decides to leave health care, he may just find himself running that orange juice company. For him, that may not be too hard to swallow. But then again, can't you just hear Carl telling us that such a notion is merely "pulp fiction?"

-Scott Davis

REACH Out!

**Linda Borodkin, Vice-President, Organizational Development and Public Affairs, and
Bernie Plovnick, REACH Project Operations Manager**

"Is this place open?" "Where'd the PCU go?" "What happened to the Eye Clinic?" "Can I still get to the Macht Building?" "Is this the way in?"

Patients coming to the Cambridge campus these days face the challenge of offices that play musical chairs and construction paraphernalia that create obstacle courses.

What is it like for patients to come to TCH during construction? How can we minimize the inconveniences, noise, and confusion? How can we make the hospital as welcoming and accessible as possible? A team of 11 employees was formed in July to focus on these questions. Two things were immediately obvious to us:

1. The most powerful strategy is for each employee to do his/her work with heightened awareness of the impact construction has on our patients and visitors (and ourselves!). Each one of us can make a huge difference in the public's experience of TCH by doing the little things that make visitors in our "home" feel welcome. This might include:

- noticing a lost person in the hallway and offering help
- being especially observant of non-English speaking people who may need assistance, offering help yourself if you are bilingual, or calling an interpreter
- walking patients/visitors to their destination when possible or finding someone else who can accompany them

- notifying Support Services of needed repairs, signage, or clean-up required in public areas
- picking up litter and helping to keep public areas neat
- helping to explain to the public what the construction is all about
- giving your suggestions to the REACH Impact team



Above: Construction on the new Birth Center has been moving right along throughout the summer, and is expected to be completed before the new year.

Below: When finished, the Birth Center will be a unique, state-of-the-art facility for low-risk pregnant women to deliver their babies in a warm and comfortable setting.



2. Clear communication always helps, but in a hospital undergoing construction, it's essential! The key strategy here is to think about all the people who will be affected by a change in your area... "That's right, we'd better tell the operators;" "Geez, we forgot to tell the receptionists in the front lobby;" "How about the secretaries of our referring doctors?" Co-workers, patients, and family members all need to be notified of changes, even if they're temporary.

An example: Taking the time and being very clear with patients when they make appointments—"For your appointment next week, you need to go to the outpatient psychiatry department at Heritage. Let me show you on this map how to get to Heritage. Your appointment is NOT here at The Cambridge Hospital. It's at our site in Somerville..."

The REACH Impact team is starting to implement many ideas. Some examples of planning that are underway are:

- "patient escorts" stationed at entrances to walk patients/visitors to their destinations
- improving the Cahill entrance, inside and outside
- keeping the Cahill door open on weekends
- posting clear signs
- stationing a "patient/visitor greeter" near the Cahill elevators

Your ideas are also needed. Please contact any of the team members listed below as ideas occur to you:

- Kettly Bellevue, Interpreter Services, 498-1280
- Linda Borodkin, Organizational Development and Public Affairs, 666-4400, x327
- Cheri Carey, 6 North, Pediatrics and OR, 498-1362
- Diane Delaney, Orthopedics, 498-2090
- Sheila McCallum, E.D., 498-1087

- Mary Murray, Admitting and Registration, 498-1620
- Eileen Pires, Administrative Coordinator, 498-1246
- Bernie Plovnick, REACH, 498-1982
- Sacha Rockwell-Sullivan, Zinberg Clinic, 498-1606
- Steve Shea, Security and Risk Management, beeper #747
- Lorraine Vendetti, Patient Relations and Volunteer Services, 498-1398

Training Programs Planned for Clerical and Support Staff

By Marcy Lidman, Manager of Employee Development

Clerical and support staff are critically important to making sure our Network runs smoothly. They are responsible for coordinating everything from meetings to clinical appointments to payroll to whatever else needs to be done!

To recognize the unique role played by these employees, a steering committee has been working to provide educational seminars designed specifically for clerical and support staff. Comprised of secretaries, coordinators, and administrative assistants from Cambridge, Somerville, and Neville Manor, this committee advises Organizational Development on what training topics are needed.

In the 1996-97 academic year, six clerical and support staff training programs were offered: Stress Management, Writing Skills, Workplace Communication, Time Management, Patient Confidentiality/Customer Service, and Telephone Techniques. The last program featured members of the steering committee in humorous skits designed to generate discussion about the most challenging telephone scenarios.

On the schedule for the coming 1997-98 academic year are:

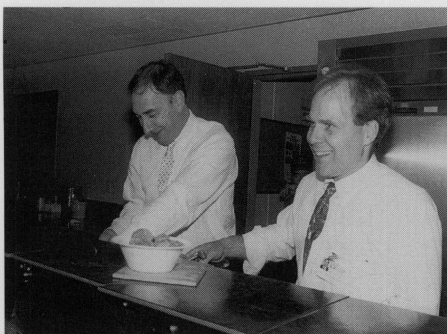
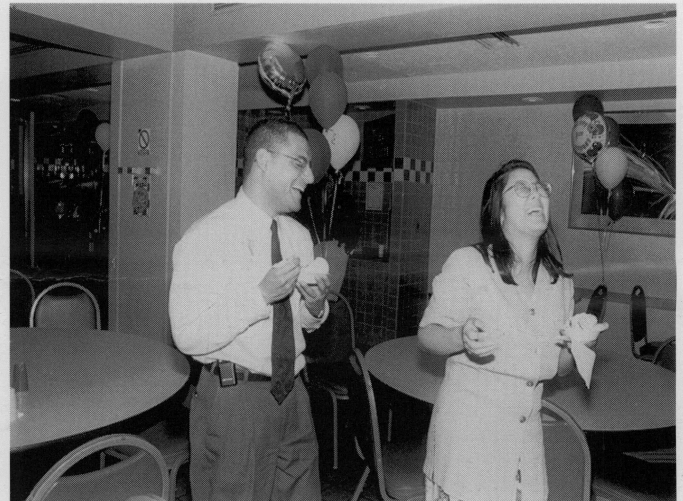
- * Dealing with Change
- * Workplace Assertiveness Skills
- * Exploring Career Development
- * Customer Service/Conflict and Negotiation Skills
- * Time Management
- * Stress Management

The steering committee meets quarterly to plan the training programs and to discuss issues of concern identified by the members. It's an opportunity to meet colleagues from other Network sites, discuss the challenges and rewards of the job, and share successful strategies.

If you are interested in working with the steering committee, please call Marcy Lidman, Organizational Development, 666-4400, x420. Look for our Fall training schedule to be posted. We'd love to have you join us!

Employees Given the Scoop!

To mark the first anniversary of our merger on July 1, employees at both Cambridge and Somerville were treated to ice cream parties held in each cafeteria. Members of Administration served as hosts for the event.



Employees of the Month



June Employee of the Month - Anna Arevalo

Anna Arevalo, a phlebotomist in the Outpatient Department, demonstrates that our patients come first and that their diverse healthcare needs guide all of our decision-making by always going the extra mile for patients. She is committed to providing excellent, accessible healthcare to all members of our community. She is very scrupulous about working with blood. A patient related that, "Anna always automatically changes plastic gloves for each blood draw and has never touched me without her gloves on. Other patients from my treatment center have discussed our safety concerns with blood draws and we all agree that we feel very protected and safe that Anna is doing the draw." Anna, thank you for all your hard work and dedication and congratulations on being selected as June's Employee of the Month!



July Employee of the Month - Della Morrison

Dellamarie (Della) Morrison, who works in the Housekeeping Department, takes a great deal of pride in her work and will not leave until the job is complete and done right. She knows how fundamentally important it is to have a clean and orderly environment. Della puts our patients first and often postpones her lunch and break time to make sure that patient areas are clean. Patients need and appreciate her work, especially now during the major renovations that are taking place. Della creates a respectful environment for our patients. She is very sensitive to their privacy while providing top-notch cleaning services. Her peers stated that, "Della is always cheerful even during our busiest times." Della, thank you for your hard work and dedication and congratulations on being selected as July's Employee of the Month!

American Dietetic Association Honors Elvira Q. Johnson, MS, RD, CDE

On Wednesday, October 29th at the Annual Meeting and Exhibition of The American Dietetic Association, Elvira Q. Johnson, MS, RD, CDE, Director of Clinical Nutrition of the CPHC, will be honored with the American Dietetic Association Foundation Award for Excellence in the Practice of Clinical Nutrition. This prestigious award is bestowed on the member who has made significant contributions to the advancement of clinical nutrition and has demonstrated creativity, leadership, innovation, and vision in exemplary clinical care.

Elvira has been developing, coordinating, and integrating clinical nutrition services across the healthcare continuum in her role in the CPHC. Her innovation and attention to cost-effective quality care have earned her recognition as Distinguished Dietitian of the Year in 1993 (Massachusetts Dietetic Association), Employee of the Month in 1994, and City Employee of the Year in 1995.

Elvira's focus on the cost-effectiveness of clinical nutrition services has resulted in the publication of a groundbreaking document, "Nutrition



Services Improve Health and Save Money: Evidence of Massachusetts." This collection of case studies, testimony from physicians and patients, and reimbursement information has been used as a model by many states and practice groups to begin documenting the benefits of medical nutrition therapy.

Elvira is currently developing a compilation of ambulatory care protocols, "Medical Nutrition Therapy Across the Continuum of Care: Patient Protocols." These protocols are being used by dietetics professionals across the country to improve ambulatory care and secure reimbursement, and are the foundation for gathering additional outcomes data to document the effectiveness of medical nutrition therapy.

Elvira has also advanced practice through other publication and presentations. She is a respected speaker and mentor of students and practitioners alike.

.....
: **Congratulations, Elvira!** :
.....

"Affiliation" - continued from page 1

The Commission's Medical Staff has also expressed enthusiasm for this new partnership. As Paul Erickson, M.D., President of the CPHC Medical Staff puts it, "CPHC's separate affiliations with CareGroup and Partners not only maintain but enhance the community-oriented mission of the Commission. Our underlying principle has always been to create vehicles to care better for our patients and the communities we serve. We believe, through these arrangements, we've been able to do exactly that."

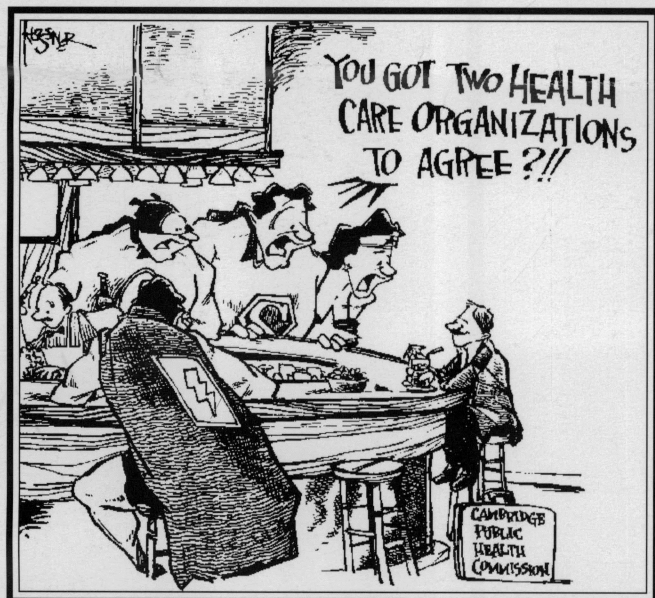
New Community Health Institute to be Established as Part of Affiliations

CPHC, Partners, and CareGroup have also announced that they are joining forces to launch a new Institute for Community Health to improve health services for Cambridge and Somerville residents.

The goal of the Institute is to work with local residents and health professionals to: identify priority health concerns; develop and implement strategies to address them; and evaluate the effectiveness of the approaches. Specifically, the Institute will collaborate with community residents and community-based providers to:

- promote health and prevent disease through community-based programs;
- improve access to healthcare;
- improve the clinical effectiveness of community health services;
- provide education for physicians-in-training and other health professionals, and;
- study the effectiveness of public-private partnerships.

CPHC, Partners, and CareGroup will jointly fund the Institute through contributions totalling one million dollars per year, and will also seek additional private and public funds to support the Institute's work. The Institute will be managed by CPHC with the consultation and involvement of Partners and CareGroup clinicians, researchers, and other staff.



This cartoon about the affiliation recently appeared in both the Cambridge Chronicle and the Somerville Journal. Reprinted with the permission of its creator, John Klossner.



Union Square Family Health officially opened in June. Seen above at the ribbon cutting ceremony are (from left to right) former Somerville Hospital President Carl Zack, Union Square Family Health Medical Director Rachel Wheeler, M.D., Somerville Mayor Michael Capuano, and Commission CEO John O'Brien.

"Reorg" - continued from page 1

IMPROVEMENT

We identified many strengths in the clinical operations structure of The Cambridge Hospital. These included better unity between inpatient and outpatient work, shared institutional goals across clinical services, better communication between services, and a team structure that allowed shared learning to take place.

But this structure also suffered from a lack of clarity as well as a duplication of roles. In addition, critical work in performance improvement and physician leadership was too often pushed aside by the demands of running operations.

In looking to create integrated network management, we wanted to build on the strengths of The Cambridge Hospital structure while at the same time making some needed improvements.

BUILDING ON STRENGTH

I am excited by the many benefits of the new management structure.

- 1) Senior leaders from the Cambridge and Somerville campuses are working together in a unified team to provide support and direction to operations across the system.
- 2) Although we now have a simpler organizational chart with clear lines of authority and accountability, operations remains a united service with shared goals and initiatives.
- 3) Jim Schlosser's new role as Chief Medical Officer will allow him to focus much more of his energy and talents on performance improvement and physician leadership activities.
- 4) By working together in an integrated way, we can learn more of the strengths of each part of our network and build a stronger system for patient care.

Through our joint efforts, the mission and vision we all share become more real every day.



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Councillor Davis re:
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In City Council January 26, 1998.

All items carried forward to be a part
of City Council Meeting of 2/2/98 on
motion of Councillor Sullivan.

In City Council February 2, 1998.

ORDER ADOPTED

131