

YMG ENDS YEAR ON HIGH NOTE

While many of us note the stagnant to poor performance of the stock market this past year, one bit of good news is that YMG ended FY2001 on a fiscally positive note. At year end, billings were ahead of budget by 5.2%, which was 7.5% ahead of FY2000. Collections finished ahead of budget by 4.8%, slightly ahead (4.2%) of FY2000. These figures are adjusted for discontinued clinical programs in certain departments. Days in accounts receivable are 65.7, the lowest in at least seven years. We hope the coming fiscal year will be marked by even better performance.

For questions on financial reports, please contact Marty Donovan, YMG Associate Director, Finance, at 785-3887.

ARE YOU GETTING THE FACTS?

It is the policy of the YMG that all physicians involved in direct patient care receive monthly statements of their billings and collection activity. It is critical for you to review this information and report any discrepancies or errors to your business manager or designated individual. Many faculty have already identified information which has resulted in improved collections. **If you are not receiving these reports, please contact Marianne Dess-Santoro at 785-2140.**

SAVE THE DATE

October 20, 2001

Celebrate Yale-New Haven Hospital's 175th Anniversary Gala Dinner Dance. For information, call 203-688-3867.

YMG PHYSICIANS TACKLE PAIN MANAGEMENT IN THE ED

Pain management is more than just the basic commitment we all make to patients as physicians. According to **Harry Moscovitz, MD**, Asst. Professor Surgery/Emergency Medicine and **Bertie Chuong, RN**, Nursing Director, "Today, managing pain is federally mandated and enforced by JCAHO. Now, through a variety of efforts, patients presenting at YNHH Emergency Department (ED) complaining of pain receive attention and treatment much sooner than ever before." Across the country, the two top complaints from ED patients are the length of time to see the doctor and the time it takes to bring their pain under control. Chuong states, "Patients look to nurses for comfort and caring and we felt we could do a better job at managing pain." As the nursing leadership tackled the task of improving the evaluation and documentation of pain, Moscovitz and the medical staff developed a model of clinical standards. Specific treatment protocols support the primary nurse's request for immediate action to ameliorate the patient's pain. Moscovitz provided literature and data to educate and promote the pain management program to the 16 faculty and 150 house-staff and nurses who work in the YNHH facility. "Relieving pain can be immediate and simple, like putting an arm in a sling with an icepack at the triage desk," says **Linda Konet, RN** Manager. "Providing a sickle cell patient oxygen and something to drink along with analgesics is another example of the new protocols," she continues.

Historically, the physicians' and patients' perspective on pain was dissonant. From the patients' perspective, the pain is an immediate problem. Patients worry about the cause after they are no longer in pain. From the physicians' perspective there were two reasons not to treat pain: the belief that masking symptoms would make the physical exam more difficult, and a concern that the use of narcotic analgesics would create addicts. Moscovitz collated research that shows there is no good evidence to support either of these beliefs. He explains, "JCAHO now mandates pain as the fifth vital sign, so whenever vital signs are taken, the patient is asked to describe his or her pain on a scale of 1-10. When a patient reports a score of 5+, the protocol requires that the nurse inform the physician and request initiation of a standard treatment." Moscovitz elaborates, "First, we have found that prompt, appropriate treatment of pain facilitates a good physical exam and enhances the patient's ability to undergo other objective testing that we rely on to make a diagnosis. Second, we have changed the formulary. We want to treat patients without concern for inappropriate drug use, diversion and overdose, so we selected drugs that limit those problems. Instead of demerol and percocet we use morphine and encourage adequate dosing through the protocol." Moscovitz provides additional training to residents on the use of morphine in a wide variety of medical and trauma patients, and nurses educate staff to dispel the myths.

According to Moscovitz, "Nurses are the anchor of the ED. They know the protocols, know the patients and are a constant part of the team. The main emphasis on assessment and initiating pain treatment rests with the RN." ED statistics show that before implementation of the new standards and protocols, 10% of patient records included a pain score



LEFTTORIGHT: LUCY BROWN, RN, PAUL KROCHMAL, MD AND NICOLETTE GABLER, RN

EMERGENCY MEDICINE (CONTINUED)

with 48% treated within the entire visit. Within the first six months of implementation, these measures improved to 80% documentation and 60% treated within a mean of 96 minutes. The goal is 100% documented, 90% treated within 60 minutes.

The patients are not the only ones to benefit. Chuong explains, "Communication among housestaff, nurses, attendings and ED techs has improved markedly. Everyone is listening to the patient and to each other." **Rebecca Lofthouse, RN** adds, "To see the standards work is very satisfying. When patients are okay with their pain they can go home with medication. Our goal is a score less than five. Outpatients leave with more realistic expectations about their pain and admitted patients know the drill by the time they reach the floor, where the new organization-wide policy continues. The family becomes involved, keeps track and reports changes to the nurses, too." These positive effects build positive perceptions of a hospital that admits 40% of its' patients through the ED which is a 'front door' to the hospital.

Contact Dr. Moscovitz at 785-4044 or Bertie Chuong, RN, at 688-2352 with questions about this successful program and consider whether your specialty could benefit from this type of collaborative process.

GI DOC NABS TOP LAW SCHOOL HONORS

What would motivate an outstanding member of the YSM faculty to seek a law degree? According to **Morris Traube, MD**, Professor of Medicine, Director, GI Procedure Center and Director of Clinical Affairs, Section of Digestive Diseases, the answer springs from a surprising source.

Over the years, Traube, who holds an M.S. in Talmudic studies and rabbinic ordination, has lectured on Jewish medical ethics. During a sabbatical ten years ago, he seriously considered studying the relationship between Jewish law and general law, in the context of clinical medicine.

Instead, at the time, he chose to pursue his esophageal work. His expertise in esophageal disorders earned him inclusion on New York Magazine's Best Doctors 2000 and 2001 lists. Three years ago, though, on sabbatical again, he decided to study law and enrolled at Quinnipiac University.

Traube completed his law degree in 3 years while continuing his clinical practice and administrative responsibilities. Notably, he graduated with the highest grade point average in the history of Quinnipiac University School of Law. His academic ability was further rewarded by being appointed as an Adjunct Professor at the law school. In September, he will teach an introductory course on law and medicine.

"I found the experience to be intellectually stimulating," says Traube, father of three. "It is fascinating to understand the relationship between law and clinical medicine. For example, I found connections between criminal law, based on old English common law, and similar teachings in the Talmud. At the same time, health law and bio-ethics courses help me in my administrative duties when complicated questions of ethics and law arise."

LUPUS CLINIC OPENS THIS SUMMER

The Section of Rheumatology at YSM announces the first clinic in southern CT specializing in the care of lupus patients. Combining the expertise of YMG lupus specialists, **Drs. Liana Fraenkel, Insoo Kang** and **Joe Craft**, with the rheumatology anti-nuclear antibody diagnostic lab, the Lupus Clinic will provide the

highest quality of care. Services include initial diagnosis and treatment, and consultations for lupus already diagnosed. The clinic will have office hours bi-weekly on Dana 3. The 24-hour telephone consult service is available to physicians at 785-2454.

For further information, you may contact Insoo Kang at 785-2454.

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THE PHYSICIANS OF YALE UNIVERSITY